This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

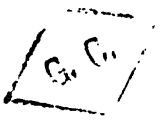
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



THE

MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

D. DYCE BROWN, M.A., M.D.,

AND

EDWIN A. NEATBY, M.D.

VOL. XXXVIII.

London:
GOULD & SON, 59, MOORGATE STREET, E.C.

1894.

BOSTON MEDICAL
MAR 24 1915
LIBRARY

LONDON:

STRAKER BROTHERS & CO., "THE BISHOPSGATE PRESS,"

BISHOPSGATE WITHOUT, E.C.

INDEX.

A

PAGE

Abdominal Tumour 217
Advance Australia 385
American Institute of Homœopathy 378
American Notes 38, 177, 240
Anæmia.....421, 425, 559
Anæsthetics..... 146, 749
Aneurism 151, 416
Ankylosis of the Shoulder Joint 418
Antimony 100
Antimonium Crudum..... 137
Antipyrin, Antifebrin, Phenacetin 65
Aphasia in Pneumonia 231
Apocynum Can. 33, 227
Arsenic 91
Arsenic as a Cause of Sugar in the Urine 410
Arsenite of Copper 703
Asthma..... 534, 681
Atropine 228, 229
Aurum Muriaticum 143
Australia, Homœopathy in 385

B.

Bacteriological Research 582
Baptisia..... 105
Berlin, Homœopathy in 14
BLACK, Dr., on the Discovery of the Simillimum 546, 596
BLACKLEY, Dr., on Cancer 6

PAGE

BLACKLEY, Dr. GALLEY, on Acute Nephritis 80
Do. on Pathology and Homœopathy 393, 646
BLAKE, Dr. E., on *Arsenic* as a Cause of Sugar in the Urine 410
Do. on Uvula Gutturalis .. 284
Blindness, Another Form of.... 193
Do. Detection of Malingering 643
Do. Wilful and Otherwise.. 129
Boston University School of Medicine 641
Breathing Movements 48
Bronchitis..... 434
BROWN, Dr. D., on Disease of the Digestive Organs..... 88
Bryonia..... 90
Bryonia in Rheumatism 318
BURFORD, Dr., on Homœopathy in Berlin 14
Do. on New Double Salts of Gold and Potassium .. 683
Do. on Ovarian Tumour 204, 331
Do. on Uterine Fibroid 134

C

Cabs, Heated 249
Calcarea Carbonica..... 217
Calculus, Vesical.....207, 208
Calcutta, Homœopathic Medical School of..... 574
Cancer, Dr. Blackley, On..... 6

PAGE
Cancer Treated by Ice and Pressure 705
Cancer Uteri 123
Cannabis Indica 36
CAPPER, Dr., on Tabes Mesenterica 541
Carcinoma Recti 625
Caries of Spine 215, 223
CASH, Dr., on Disorders of the Teeth as a Source of Disease 608
Cataract 415
Catheter, Case of Fragment of a, in the Bladder 210
Catheter Cases in Old Men 732
Champagne 707
Chemistry in Relation to Pharmaco-Therapeutics and Materia Medica 427
Chicago Exhibition, Nurses Prizes at the 38
Cholera, *Cobra* in the 35
Do. *Copper* in the 125
Cinchona 102
Circular, a Misleading 685
Cleveland, Lady Graduate of .. 191
Clinical Cases, by Dr. Maclachlan 342
Clinical Notes, by Dr. Purdom 680
Cobra 35
Cold and Heat, Effect of, on Temperature of the Body 668
Collective Investigation 723
Congress, Transactions of Chicago 664
Congress, International 1896 .. 521
Congress, The British Homœopathic 321, 373, 428
Conium, by Dr. Ord 626
Consistency 579
Consultation Day at the London Homœopathic Hospital 108, 147, 412, 555, 617, 728
Contemporary, Our Critical 154
Contributors for 1895 751
Convalescent Homes 238
Copper in Cholera 125
Cornea, Ulceration of the 541
CRAIG, Dr., on Melancholia 566
CROUCHER, Dr., Biographical Sketch of 124
Curvature, Spinal 221
Cystic Tumour 221
Cystic Tumour, Congenital 112

D.

PAGE
Dactylitis, Strumous 563
DAY, Dr., on Anæsthetics 146
Dermatitis Herpetiformis 324
Degrees, Unregisterable 1
Diarrhœa 244
Digestive Organs, Diseases of the 85
Dinitrobenzol 350, 477
Diphtheria, *Sulphur* in 330
Directory, A Homœopathic 382, 451
Directory, A New Homœopathic 254
Dispensary, The Croydon 237
Do. Exeter 173, 678
Do. Folkestone 379
Do. Hastings 236
Do. Kensington 578
Do. Leeds 176
Do. Torquay 378
Do. Wirral 237
Doctors as Fetich Worshippers 712
Dress Reform 43
DUDGEON, Dr., on the Search for the Simillimum 675
Duty, Our, by Professor TALBOT 444
Dyspepsia 346

E.

Education, Medical, in the United States 245, 379
Elbow Dislocation 219
Elephantiasis 413, 620
Empyema Mastoid 197
Endocarditis Ulcerative 110
Epilepsy 220
EPPS, Dr., Consultation Day at the London Homœopathic Hospital .. 108, 147, 412, 555, 617
Ethics, Medical, an Object Lesson in 694
Eucalyptus 34, 685

F.

PAGE
Fibro-Myxoma of the Breast .. 114
Fibroid, Uterine, Hysterectomy 134

G.

Ganglion of the Wrist 224
Germs, Flies as carriers of Disease 644
Glands, Enlarged 558
Glonoine in Melancholia 566
Glycerine Enemata..... 123
Gold and Potassium, New Double Salts of 683
Gold Cure, Rationale of the.... 19
GOLDSBROUGH, Dr., on Dermatitis 324
GOODNO'S Medicine..... 748
GUINNESS, Dr., Presentation to 332
Gynæcological Warning, A 226

H.

Hæmaturia 423
Hæmorrhage, Uterine 563
HAHNEMANN'S Chronic Diseases 643
HAHNEMANN Dinner 297
HAHNEMANN, Strict Inductive Method of 579
HAHNEMANN and the Hahnemannians 750
HAWKES, Dr., on Pathology and Symptomatology..... 584
Heart Disease, Congenital 617
Heart Disease—Dropsy..... 682
Heat and Cold, Effects of, on the Temperature of the Body 668
Hellebore 703
Hemiplegia 225
Heredity of Disease 23
HERRING, Mr., on Provings by External Application.. 685
Do. on Proving Medicines .. 349
PAGE
Hip, Congenital Dislocation of the 109
Homœopathic Hospital, The London .. 58, 183, 283, 377, 390
Homœopathic Physicians in the United States 45
Homœopathy and Pathology .. 390
Do. Applied and Misapplied 589
Do. at the Present Day 50
Do. in Bone and Joint Diseases..... 466
Do. in Australia 785
Do. in Germany 642
Do. in Sydney 181
Do. in the United States .. 181
Do. in the Old School 265
Do. the Propaganda of 653
Do. *versus* Modern Therapeutics 703
Hospital, the Bath Homœopathic..... 169
Do. The Bromley..... 237
Do. The Devon and Cornwall 174
Hot Air Cylinders in Rheumatism 580, 585, 640
Hydrocephalus 561
Hydrocele, Congenital 221
Hydrastis 104

I.

Iodine..... 230
Ipecacuanha 98
Italy, a Visit to 448

J.

JOHNSTONE, Dr., on Uterine Fibroid 134

K.

PAGE

Kidney, Tumour of the 566

L.

Lamb, Dr., Cases Reported by.. 347
Laryngitis, Tuberculous 222
Leeds, Homœopathy in..... 239
Leicester and Vaccination..... 647
Liver, Enlarged 147
Locomotor Ataxia 424
Lycopodium 95
Lycopodium in Rheumatism.... 319
Lymphadenomata 619
Lymphangeitis..... 623

M

Mason, Dr., on Uterine Hæmorrhage 563
Mastoid Empyema 197
Materia Medica, Address by Professor Stokvis 427
Materia Medica, the Study and Use of..... 334
Medicine, The Hypodermic Administration of..... 250
Melancholia 666
Mercury..... 34
Micro-Organisms on Mineral Waters 581
Milk, Unsweetened Condensed 705
Mineral Waters 581
Moir, Dr., on Mastoid Empyema 197
Moore, Dr., on Heredity in Disease 23
Morphia Poisoning, *Atropine* in 229
Morphia Poisoning, *Permanganate of Potassium* in 247
Murray, Dr., on Ovarian Tumour 204
Myelitis, Diffuse 639
Myomata 232

N.

PAGE

Naja Hade Venom 229
Necrosis of the Ethmoid 150
Nephritis, Acute 80
Nephro-lithotomy 211, 213
Neuralgia, *Atropine* in 228
Nicholson, Dr., on Bronchitis and Asthma 534
Nursing Prize 38
Nystagmus 109, 218

O

Obituary:
Dr. Jabez P. Dake 753
Dr. Drummond 449
Dr. James Kitchen 767
Dr. Alex. Léon Simon 758
Dr. Smart..... 520
Dr. Thomas 183
Dr. Walker 252
Ord, Dr., on Materia Medica .. 334
Ovarian Cyst..... 110, 112
Ovarian Tumour..... 204
Ovaries, Removal of the, in the Insane and Neurotic 122
Ovariotomy 331

P.

Pancreatitis 121
Paracelsus Quarcentenary 49
Paralysis of the Arm 419
Paralysis Spastic..... 416
Paralytic Deformity 417
Parotid Tumour 342, 561
Patent Medicine Stamp..... 445
Patent Medicines on the Decline 752
Pathology Defined and the Search for the Simillimum .. 717
Pathological Diagnosis and Homœopathic Prescribing .. 525
Pathology..... 61
Do. and Homœopathy 390
Do. and Symptomatology 522, 585, 645, 707, 711

PAGE

PEARCE, the late Dr. 189
Peliosis Rheumatica 114
Peritonitis, Cases o 347
Phenacetin 76
Phthisis, Laryngea 562
Do. Respiratory Exercises in 126
Do. Picrotoxin in the Night Sweats of 751
Physician, The Progressive 583
Pleurisy 680
Pleuro-pneumonia 681
Pneumonia, Treatment of 737
Poisoning by Copper Simulating Cholera 752
POPE, Dr., on *Antimonium Crudum* 137
Potassium Iodide in Bronchitis and Asthma 534
Potassa Permanganas 247
PROCTOR, Dr., on Pathology and Symptomatology 522
Profession, Members of the 251
Propaganda of Homœopathy .. 653
Prostate, Enlarged 120, 121
Proving Medicines 349
Provings by External Application 685
PURDOM, Dr., Clinical Notes by 680

Q.

Quinine 103

R.

REVIEWS:
Clinical Use of Prisms 372
Common-sense Homœopathy 746
Cure of Consumption by Bacillinum 370
Everybody's Pocket Cyclopædia 640
Harrogate Mineral Waters .. 443
Homœopathy; All about it, or the Principle of Cure 687
Hysterectomy by a New Method 151

PAGE

London Homœopathic Hospital Reports 368
Materia Medica Section at the American Institute of Homœopathy 566
Medicine, Practice of 748
Myxœdema and the Goitres with some of their relations 691
Nature's Hygiene 478
Nursing in Eye Diseases 257
Patent Spring Spinal Support 373
Psychopathia-Sexualis 226
Repertory. The Cypher, Chapter V., Ear 226
Text Book of Gynæcology .. 689
The Prescriber 117
Therapeutics of Serpent Poisons 115
Treatment of Essential Epilepsy 32
View of Hahnemann's Organon 116
WRIGHT'S Improved Visiting List 748
Rheumatism, Chronic 580, 586, 646
Rheumatism, Remedies in 63

S.

Sanatorium, Children's, Southport 286
Sarcoma of the Thigh 224
Scare-head, A 753
Scarlet Fever, On Relapse in .. 724
Scirrhus of the Breast 223
Sciatica 273
Seborrhœa 556
SHAW, Mr. KNOX, on the Surgery of the Urinary Organs.. 207
Simillimum, Aid to the Discovery of 546, 596, 760
Do. Search for the 675
SIMPSON, Dr., on Diffuse Myelitis 639
Small-Pox, Vaccination and .. 453
SMITH, Mr. G., on Homœopathy in Bone and Joint Disease 466
Do. on Spinal Caries 215
Society, The British Homœopathic 37, 118, 152, 235, 257, 375, 573, 641, 693

PAGE

Society, The British Homœopathic, List of Members 238
Spinal Caries.....215, 223
Do. Deformity 418
STOKVIS, Professor, Address by 427
Strontium 34
Surgery, Orificial 715
Syphilitic Ulceration 149
Syphilis Congenital 413, 624
Do. Infantile..... 420
Do. Tertiary 414

T.

Tabes Mesenterica 541
Tachycardia, Treatment of 45
TALBOT, Professor, on Our Duty 445
TALLERMAN, Mr., on Hot Air Cylinders in Chronic Rheumatism..... 580, 586, 646
Teeth, Disorders of, an Undiscovered Source of Disease.... 608
Tendons, Contracted 222
Thlaspi Bursa Pastoris in Uterine Hæmorrhage 563
Tortic.llis Spasmodica 216
TUCKEY, Dr., on the Gold Cure 19
Tumour, Abdominal 151
Tumour of the Thigh..... 623

U.

PAGE

Ulcers of the Finger and Foot.. 621
Unregisterable Degrees 1
Uvula Gutturalis..... 284

V.

Vaccination .. 55, 180, 181, 246, 249, 254
Vaccination, Accidental..... 219
Vaccination, Commission on .. 160
Vaccination, Leicester and 647

W.

WESSELHOEFT, Dr. C., on the Treatment of Pneumonia 737
WILDE, Dr. P., on the Effects of Heat and Cold on the Temperature of the Body 668
WILDE, Dr. P., on Heat Producing Apparatus 586
WILKINSON, Mr., on Sciatica .. 273
WRIGHT. Mr. DUDLEY, on *Aurum Muriaticum* 143
WRIGHT, Mr. DUDLEY, on Mastoid Empyema.... 197

COPY

THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

UNREGISTRABLE DEGREES.

Every country has its own laws in regard to medical education, and to the Degrees or Diplomas granted by the recognised Colleges to its own subjects. Gentlemen who are thus legally qualified to practise in their own country find that on visiting foreign countries, there is a kind of freemasonry in the profession, and they are welcomed as *confrères* wherever they go, and invited to be present at all meetings which are being held at the time, and are usually asked to speak at such meetings. This is as it should be, in a great and world-wide profession. But when a practitioner obtains his Degree in a foreign country, and then proceeds to his own country to practise, he must conform to the laws of his own country. That is, he must have a qualifying Diploma from his own country, in which case the possession of an additional foreign Degree, whether registrable or not, will raise no question, but he will be granted the title of M.D. or Doctor, as a recognised matter of courtesy. Or he may have one of the comparatively few foreign Degrees which are registrable in his own country. Whether this list should be largely increased, or be made to include all foreign Degrees, is a question with which we have nothing at

present to do. We simply speak of the law as it stands. In Great Britain, all the registrable foreign Degrees are those of Universities in which the curriculum is as full and as lengthy as obtains in this country (except where such foreign registrable Degrees are granted to those already possessing full British qualifications). As every one knows, the curriculum of medical education required to qualify for examination for any Diploma whatever in Great Britain has for many years been a minimum of four years, while this period now extends to five years, with a term of hospital practice in proportion. This is to ensure that the student is taught all that is necessary, theoretically and practically. Private study does not count in lieu of public lectures, as it is possible that a student of good abilities may cram up his subjects sufficiently to pass an examination and yet know little practically. It might even be done in anatomy, with the aid of plates, without a single dissection having been made. Having passed through this (now) five years' public course is the *sine quâ non* to eligibility for examination for any Diploma whatever, and it becomes the test point of the value of any foreign Degree. In the case of the United States, a comparatively young and yet enormous country, the call for practitioners has been correspondingly great, and there has been felt a difficulty in supplying the demand. As an esteemed colleague, who holds a very high position in America, writes to us, "you can hardly know how difficult it is in a country so widespread as ours, and demanding physicians in number rather than quality, with the necessity of schools in many places to prepare them, to keep up the desirable standard in all these schools." We fully understand and enter into this difficulty, and the Homœopathic Colleges of the United States are worthy of the highest praise for the admirable work they do, and for the high quality of men whom they turn out as graduates. America has been in the van of homœopathy, and has done for it more than any other country, not excepting our own. The curriculum at the Homœopathic Colleges in the United States is, we believe, three years instead of four, but there is now a movement in which, we understand, all the Colleges agree to insist on four years curriculum for all students for the future. We are extremely glad

to learn this, as it cannot fail to increase the value of the education, and enhance that of the Degree. But though the curriculum has hitherto been one of three years only, that term is legal, and in accordance with the Charters of the Colleges. And it never so much as occurred to the minds of practitioners on this side of the "ferry" to depreciate the American M.D. because the legal curriculum was three instead of four years. The difficulties in the length of study have been, as our correspondent says, great, and are inseparable from the enormous growth of a comparatively young country. Least of all would it ever enter into our heads to carp at the Degree, when the Americans are our own flesh and blood, not our cousins merely, but our brethren. For so we always consider this great branch of the Anglo-Saxon race. We need hardly say that we have always been proud and delighted to welcome our American brethren when they visit us, and to do all honour to them socially and professionally by inviting them as brethren to our meetings and societies, and requesting them to address, and take part in, such gatherings. Many of us have, over and above our British Diplomas, an M.D. from one or other of the Homœopathic Colleges in the United States, some granted *honoris causâ*, and some by examination, and of these Degrees the holders in this country are proud.

But the position of matters is altered when a gentleman or lady—a British subject—who has no British Diploma, goes to the United States, obtains a Degree of M.D., and returns to this country to practise. Legally in Great Britain, in which none of the M.D.'s of American Colleges is, so far as we are aware, registrable, he is not qualified to practice. This is the law, and we must take it as we find it. But the question arises—What position with regard to the status of British practitioners does such an one hold? Should he or she be received with open arms, and admitted to all the societies, meetings, and congresses or not? This depends, we think, on the amount of education he has received prior to his or her getting the Degree of M.D. We know of at least one gentleman who had taken his full four years' curriculum, and the proportional amount of hospital practice, but who, before the passing of the Medical Act of 1858 (in which a clause was introduced

specially for the protection of homœopaths, making it illegal to refuse a Diploma on account of any theory of medicine which the candidate might hold) was prevented getting his Diploma on account of his homœopathic beliefs, and who went to the United States, and got an M.D. Such a gentleman we gladly welcome to our meetings, and to all the privileges that a legally qualified practitioner has in Great Britain.

But others may obtain the M.D. of the United States without having undergone the four years' curriculum necessary in this country. As we have stated, only three years have been till now required in America, and if an Englishman had passed three full years of collegiate lectures, and gone through a proportionate amount of hospital practice, either in this country or in America, we should not strain the point, but wink at the absence of the fourth year. But we have just been informed by the Official Registrar of one of the leading Homœopathic Colleges of the United States that if an Englishman or other foreigner (we use the term foreigner in the legal sense) is a registered chemist, his being so stands as equivalent to his having been a year at the College of Pharmacy in the States, and it is recognised as equivalent to one of the three required years of curriculum, and that in this case, only two years of lectures are required, both of them in America, or one in England and the other in the States. He informs us that it was on those terms that a Degree after examination was granted in 1890. Now we all know that all chemists who were in business before the passing of the Chemists' Registration Act of 1868 were registered on application in virtue of their being already in business, and since then all chemists must be registered. But such register is simply for the protection of the public, and has nothing whatever to do with any medical curriculum. If it had, it would put a premium on a student who had begun as a chemist by letting him off with a year of study. This proceeding, the Registrar, who writes to us, states is perfectly in accordance with the laws of the State in which the College is, and in conformity with the Charter of the College. We accept this, of course, as correct. But the fact remains that a Degree of M.D. was given in 1890 by the said College to a gentleman who brought certificates of one year's course

of lectures in England, and who took his other year of lectures at the said College. This being so, we cannot accept this M.D. as equivalent to a British one, nor can we invite the holders of such Degrees to the professional fellowship of our British colleagues, as the term of public lectures, &c., is only half the required British *minimum*.

In thus taking up this position, our right-thinking American colleagues can take no offence. They ought rather to support us as aiding them to raise the standard of education and the value of the Degree. As our esteemed correspondent, already referred to (not the Registrar of the College), says: "It is therefore especially grateful to have such timely assistance from you, and to show our schools that the granting of a Diploma without necessary instruction is of little value to the one receiving it, and a positive injury to the school giving it." *A fortiori*, when a Diploma of M.D. is given by an American College in a large and influential city to a gentleman, a homœopathic chemist, whose sole medical training, besides private study, consisted in attendance at the Lectures on Materia Medica and on Practice of Medicine at the London School of Homœopathy, and who never left England at all, do our remarks as to professional intercourse apply. In England we must be careful as to the professional status of our practitioners, as there actually are ignorant people who have asked us once and again if homœopaths have had a proper medical training, and are legally qualified! And even such a usually well informed paper as the *Standard*, in a leading article in the issue of November 23rd, says: "There is certainly no indication that the Faculty are anxious to become members of a State Medical Establishment. Endowment might have its charms, but there is an uncomfortable sense that the livings would be very lean, and that a liberationist movement of homœopaths and faith-curers, of bone-setters and herbalists and hypnotists, would soon be at work in the effort to secure equality with the possessors of orthodox Diplomas and Degrees." When such gross statements as the above appear in a newspaper of the high position of the *Standard*, suggesting that homœopaths are not "the possessors of orthodox Diplomas and Degrees," we cannot afford to have stones thrown at us by

sanctioning by our acts the professional status of those who, having no British Diploma, have obtained an American M.D., on what, according to our laws, we take leave to consider insufficient medical training. We pen these remarks in order to make our position clear to our American colleagues, to offend whom we should be the very last; and also because we consider that the leading article on this subject in the *Homœopathic World* of November has stated the question in a very unfortunate way, and one that we considered highly misleading.

NOTES ON THE ETIOLOGY OF CANCER.

By Charles Harrison Blackley, M.D., M.R.C.S. Eng., F.R. Met. Soc., F.B.H.S.*

The term cancer is generally understood to mean a growth consisting of cell elements, which are immature or undeveloped. Independent of the tissue invaded, it has the power to multiply and extend itself, and, at the same time, has a tendency to ulcerate. By re-absorption of its elements it is capable of infecting the whole system, and of thus leading to the ultimate decay of the organism generally. It is not my purpose on this occasion to attempt to determine the precise limit of the term cancer—*i.e.*, whether it should be used in respect of all growths that have a tendency to return if removed, or whether it should apply only to those that have certain structural peculiarities and a definite pathological character; nor am I concerned to know whether in its first manifestations it is due to the presence of a blood poison, or if it becomes so at a later stage; neither is it needful for the purpose of this inquiry to say whether cancer depends for its existence on the presence of a microbe in the blood or the tissues. It is quite sufficient for my present purpose to let it be understood that the term cancer may embrace all morbid growths that have a tendency to return, and that have the power to infect the system and cause decay and death.

I take this view of the case because I find that the influences that I believe to be the chief causes of cancer

* Being the Presidential Address read at the opening of the Session (1893-94) before the Manchester Society of Homœopathic Practitioners on September 20th.

seem to operate indiscriminately, and to produce all forms of malignant growths.

Writers on cancer have agreed in attributing its development, in part at least, to any of those causes that have a tendency to lower the vital powers generally, and especially to any of those causes that bring about a derangement in the nutritive functions. From a very early period also, in the history of cases of cancer, it has been believed that worry and mental anxiety was one of these special causes, and was a common accompaniment, if not a fruitful source, of the disease. But so far as I am aware, no writer has drawn the attention of the profession to the frequent occurrence of cancer after loss of position, or loss of money, or property.

My attention was drawn to this phase of the subject very early in my medical career, and the experience of later years has only tended to strengthen the opinions I then formed. In this paper I propose to give extracts from the history of some of the cases that have come under my notice in later years, quoting at the same time one or two of the cases mentioned in a former essay*, so far as they help me to throw light on this difficult subject. Cases of cancer, indeed, are generally amongst the most difficult, and very often amongst the most hopeless with which we have to deal; and anything that will throw light on the causes that tend to originate the malady may possibly help us in selecting a remedy.

That an alteration in the mental condition of an individual should have the power to entirely change the physical condition of certain tissues—or, perhaps, speaking more exactly, to misplace a form of tissue—and thereby light up a formidable disease, is a marvellous example of the influence of the mind on the body. It is, however, a change that we see often; and this train of occurrences has so frequently taken place in cases that have come under my care, that I am compelled to believe that the causes named are by far the most frequent originators of the malady.

* An article on this subject was written by me nearly 30 years ago. This appeared in the pages of the *Homœopathic Observer* for April. 1864.

Before proceeding to notice cases that have more immediately come under my own observation, I must draw attention to one of the most notable cases of the occurrence of cancer, after loss of position, that I am acquainted with. It is that of the first Emperor Napoleon. Some of his friends professed to believe that his death was not due to this disease; but the account of the post-mortem examination, which was made in the presence of some of the ex-Emperor's friends, can leave no shadow of doubt on the mind of anyone technically acquainted with the post-mortem appearances of this malady, that the death was due to cancer. The body was examined in the presence of five English medical men and of one French physician—Dr. ANTOMARCHI.

"Upon opening the abdomen, the omentum was found remarkably fat; and on exposing the stomach, that viscus was found the seat of extensive disease. Strong adhesions connected the whole superior surface, particularly about the pyloric extremity, to the concave surface of the left lobe of the liver; and, on separating these, an ulcer, which penetrated the coats of the stomach, was discovered, one inch from the pylorus, sufficient to allow the passage of the little finger. The internal surface of the stomach, to nearly its whole extent, was a mass of cancerous disease; or schirrous portions advancing to cancer. This was particularly noticed near the pylorus. The cardiac extremity for a small space near the termination of the œsophagus was the only part that appeared in a healthy state."*

Dr. ANTOMARCHI was the only physician present at the post mortem examination who did not agree with the conclusion arrived at, and who, consequently, did not sign the report. His (Dr. ANTOMARCHI'S) opinion was that the cause of death was a "chronic-gastro-hepatitis—a disease he erroneously conceived to be endemic in the island" (St. Helena).

It would appear, however, that heredity played some part in helping to bring on the disease. The ex-Emperor himself had often said that his father died of schirrus of the pylorus. However this may be, there

* "An Account of the last Illness, Decease, and Post Mortem Appearances of Napoleon Bonaparte." By Archibald Arnott, M.D. London: Jno. Murray, 1822.

can be no doubt that to determine the full value of this question of heredity, we should have to know more of the previous history of the Bonaparte family than it is perhaps possible to get to know at the present day. It may be that the cancer in the father's case was due to loss of money, or, as in the son's case, to loss of position in some way. Of this, however, we may be tolerably certain, that in his prosperous days Napoleon showed no signs of the fatal malady that ended his life; but that as soon as reverses came, and he himself was a prisoner on a lone island, it soon showed itself and quickly went on to a fatal termination. It will also be quite safe to conclude that heredity would, at any rate, furnish a ready soil for the exciting cause to do its work in.

At what period in the preliminary stage of the disease it would be possible to arrest the progress of cancer—supposing it to be possible to do so by the aid of medicine—cannot at present be determined; but it would be a great advantage in the treatment of a case if the forerunner of its earliest stages could be accurately determined. The misfortune to the physician is, however, that he is not often consulted, in such cases, until the cause of the malady has been some time in operation, and until that change in the physical condition of the tissues affected, that is characteristic of the disease, has actually set in. It is also to the patient a double misfortune, that when mishap, in the shape of loss of money, or property, comes upon him, he does his best, for a time at least, to hide it from the world, and in this way deepens the effect.

In looking over the list of cases of cancer that have come under my notice during the last thirty years, I find I have had a goodly number, and a considerable variety. They were, amongst others:—

1st.—Five cases of schirrus of the breast.

2nd.—Two cases of medullary sarcoma of the bones composing the hip joint.

3rd—Three cases of schirrus of the womb.

4th.—Five cases of schirrus of the stomach, or bowel, or of both.

5th.—Three cases of medullary cancer of the liver.

6th.—One case of schirrus of the breast, followed by

encephaloid cancer of the liver and colloid cancer of the cavity of the thorax.

7th.—Two cases of cancer of the bones of the lower extremities.

8th.—One case of cancer of the cheek.

9th.—One case of schirrus of the œsophagus.

With the exception of three, these are all cases that were preceded by anxiety on account of money matters or by actual losses of money or property. In one of the apparent exceptions, I had always a strong suspicion that if the true history of the case could have been had it would have revealed a story of a character similar to the others. If I give examples from the history of some of these cases it will best illustrate what this history is like.

The case that first drew my attention to this phase of the disease was a case of cancer of the left side of the upper maxilla, that had been operated upon by the late Mr. Dumville, for whom I was at that time acting as dresser, at the Manchester Royal Infirmary.

This case, however, is not included in the list given above. The patient had been engaged for 10 or 12 years in a struggle to obtain possession of some property which he believed, by right, belonged to him. In this he eventually failed, and all the money he had was absorbed in law expenses. The disease in the upper jaw showed itself in a few months.

One of the cases of schirrus of the breast was also a good example of the influence of disappointment and worry on account of money matters, and, with some variations, was much like the other cases. The patient was the daughter of a well-to-do gentleman who had retired from business. She had married a man who evidently was more intent on getting possession of the money there was in the family than he was in making his wife happy. This and other circumstances led the father to settle an annuity only upon his daughter, and to leave the rest of his fortune to go in other channels. This so disappointed the daughter that she became a little reckless about her mode of life. Shortly after this the schirrus of the breast showed itself, and proved fatal in about two years and a-half.

The two cases of medullary sarcoma of the hip joint were both typical cases. One of these patients was a

produce merchant, who, by unfortunate speculations and bad trade, had lost the whole of his capital. He was at the time a widower, but shortly after married a wife with money, and began business again. This was successful; but his anxieties connected with the use of his wife's money were very great. This ultimately was followed by the appearance of a cancer in the hip-joint. The patient came under my care very early in the course of the disease, and when the symptoms were very obscure. My enquiries about anxieties on money matters were met with a decided negative, and consequently I was misled, and did not make out a satisfactory diagnosis. The patient after a short time passed out of my hands, and after having been under the care of several other medical men, passed into the hands of a friend of mine. In the meantime the disease developed rapidly, and quickly ended fatally. A post mortem examination was allowed, and knowing that I had attended the case in the earliest part of the illness, my friend asked me to be present. It was, indeed, a striking case of this form of the disease, and which once seen is not easily forgotten. For once I thought there must be exceptions in the causation of cancer, and this was one of them. It was only some years after the death of the patient that I learned the true history of the case, such as I have given above.

The other case of medullary sarcoma was quite as marked a case as that given above. The patient was a large builder and contractor. He had had a large contract in hand, in which, by some mischance, he had made serious mistakes in his estimates. These mistakes entailed severe losses, but being a man of sterling integrity, he carried out the contract honestly, although it ended in immense loss. This preyed on his mind, and eventually the disease of the hip-joint showed itself. It was at first diagnosed as chronic rheumatism of the joint. The limb, however, began to enlarge rapidly, and it was at this point I was asked to see the case. On learning the patient's history and seeing the limb, I had no difficulty in forming a correct opinion, which was fully borne out by the course of the disease and by the rapidly fatal termination.

The cases of schirrus of the womb were all cases

more or less illustrative of my theory of the causation of cancer.

From the cases of schirrus of the stomach, I must give the history of one that made a great im-impression upon me at the time. Probably this arose partly from the fact that I had known the patient from my boyhood, and had a very high opinion of his sterling qualities. Somewhat late in life he had commenced a business that he did not well understand. This he worked largely upon borrowed capital. Half of this money was to have descended to his own children, and the other half to the children of a relative. After a severe struggle for some time, to make the business a success, he found on taking stock that his own children's share of the money had disappeared, but the other half was yet intact. The business was now beginning to pay, but evidently the worry and anxiety had done its work. His health began to fail in that indefinite way in which cancer sometimes commences. He lost flesh and began to have a cachectic look. Dyspepsia came on; then followed severe pain in the stomach, and at times copious vomiting. After this had gone on for some time I was asked to see the patient. Although a physical examination gave no sign of any growth in the stomach, the history of the patient, just as I have given it, along with the symptoms, left no doubt on my mind that it was a case of cancer of the pyloric extremity of the stomach. This diagnosis was fully borne out. In a few weeks, in one of his severe attacks of vomiting, perforation occurred at the seat of an ulcer close to the pyloric orifice. A post-mortem was allowed, and I do not think I ever saw a case where the stomach was more enormously distended, evidently from the obstruction offered to the passage of food through the pyloric orifice. It was this enormous distension of the stomach that prevented any possibility of detecting the growth there was at the pyloric extremity.

The cases of medullary cancer of the liver did not at first seem to be connected with anxiety on money matters so closely as in some of the other cases; but when I came to know the history of each I found they were good examples of the power for evil this anxiety has.

The case that commenced as a schirrus of the breast

was a remarkable one in more ways than one; but what we have to do with more especially here are the conditions that were antecedent to the disease. When first I knew the patient she was a widow with a small but comfortable income. She married again, however, and allowed her husband to put her money into business. This was soon lost, and the most disreputable methods had to be resorted to to obtain the means of living and to keep up appearances. Very soon after this the cancer came on in the breast, and was quickly followed by the colloid form of the disease in the thorax, and by the encephaloid form of it in the liver; but which of these two latter took the precedence I could not determine.

The two cases of cancer of the bones of the lower extremities were both typical cases. In one, the disease commenced in the femur, in the other in the tibia and fibula.

The one case of cancer of the cheek was also a typical case. The patient had been very successful in business, and had retired from it with a good competency. In an evil hour he was afterwards induced to engage in an undertaking that he did not know much about. This proved very unfortunate, and in a comparatively few years he became a beggar, and had to accept a situation at a small salary. Circumstances caused his employers to give him notice that they would not be able to retain his services. This depressed him very much as he was getting old, and saw nothing but the workhouse for him. In a few weeks a growth on the inner surface of one cheek showed itself. This was twice removed by one of our operating surgeons, but re-appeared and spread rapidly; and in about six months from the time of its first appearance it ended fatally.

As I have said above, these cases, with three exceptions, were all cases that had been preceded by losses of money or property, or by some anxiety on account of money. But it is not every person who has the misfortune to lose money or property that will become the victim of cancer. I myself have seen many exceptions. Why it is that one person should fall a victim whilst another exposed to the same influences should escape, is one of these mysterious circumstances we cannot account for, any more than we can say why one person shall have an attack of typhus, or any other fever, whilst another

exposed to the same dose of the poison shall escape. Probably in this case the chief difference lies in the mental constitution of the individuals affected and the individuals who escape.

It will naturally be asked if heredity had any important influence in bringing on the state of things described above. So far as I could ascertain it had very little influence. In only three of the cases could I trace any previous history of the occurrence of cancer in the patient's family. There may, however, have been other instances, but if so I could not trace them; it is so exceedingly difficult to get a reliable family history in any case of serious disease.

I have thus given as faithfully as I could a sketch of the history of many of the leading cases of cancer that have come under my personal observation during the last 30 years. If still more extended observation and a wider experience than can fall to the lot of any one physician, should confirm the opinion here given on what I believe to be the principal exciting causes of cancer, a step in the right direction will have been gained, and this will be in possibly helping us to select a remedy that will enable us to control or stop the development of this terribly fatal malady. My hope is that this essay will cause the attention of my colleagues to be more directed to this phase of the disease, and that thus the evidence for or against this theory of the causation of cancer may be put upon a thoroughly reliable foundation.

Old Trafford, Manchester.

HOMŒOPATHY IN BERLIN.

Some Recent Personal Observations by

George Burford, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

Immediately at the close of the Homœopathic Congress of this year, I proceeded to Berlin, in order there to observe the newest and latest developments in things gynæcological. For Berlin is the head centre of gynæcology in Europe; and, armed with introductions, I seized a convenient interlude in professional duties, to

personally observe the best Continental work in this specialty.

But man is, as the Germans say, a dichotomous personality; I was a homœopath, as well as a gynæcologist; and I knew that we were entirely out of touch with our Berlin colleagues. I was imbued with the insular idea that homœopathy in Germany was a historical figment, or at most a retrogressive organism, not a lively and vigorous plant. And it was borne in upon me that I ought to observe the actual condition of homœopathy in Berlin, and, if our misgiving were true, to obtain a valid reason for its decadence and fall.

Alas for insular assumption, and the superciliousness of conscious homœopathic virtue! Because we were awake, it did not follow that the rest of the world was asleep. I found in Berlin a greater proportion (relative to population) of homœopaths than in London, a well worked and largely attended Homœopathic Poliklinik, a substantial sum already in hand for the building of a public hospital, a Homœopathic Society, with its organ in the form of a well-edited quarterly, no deficit in younger men desirous to learn of homœopathy, and, in brief, the sentiment of progress. To the editors of the *Zeitschrift des Berliner Vereines Homöopathischer Aerzte*, Drs. Windelband and Sulzer, I was duly accredited, and from these gentlemen I received the greater part of the information I now set forth.

To Dr. Sulzer in particular I owe acknowledgment of social amenities as well as professional courtesies; for he was kind enough to give a reception, in order that I might meet other of his colleagues in the homœopathic phalanx in Berlin. On gently hinting that our current but obviously erroneous opinion was that German homœopathy was cachectic, I was politely given to understand that this exactly expressed German views with regard to homœopathy in England. My advent, said my friends, as a British homœopath was perfectly unique; no personal acquaintance had hitherto existed between Berlin and British homœopaths; no knowledge other than fragmentary and occasional came to them of our doings and progress; and from such reciprocal ignorance it was evident both parties had augured the worst. In return for such facts regarding homœopathy in Berlin

as I was able to acquire, I stated in some detail the position and progress of the Society at home.

Berlin does itself the honour of maintaining some twenty fully qualified homœopaths in active and successful practice. There being but one medical degree in Germany, all our colleagues are exactly on the same level in academic attainments, as their allopathic *confrères*. They have organised a Homœopathic Society, which meets monthly for the discussion of matters important and interesting in homœopathic practice. The organ of this Society is the *Zeitschrift, &c.*, a high-class periodical issued quarterly, and containing monographs on homœopathic practice, studies in the Materia Medica, and a well edited periscope of homœopathic literature. I was agreeably surprised to see the value as well as the bulk of this issue, and venture to commend it to my German reading English colleagues, as a valuable and important journal.

The Homœopathic Dispensary, or Poliklinik, is an institution officered by nine medical men, of whom three sit daily in rotation. Its *clientèle* is large and appreciative; the attendances are about the same as those at our hospital in London; and by a charge of 6d. at each visit, unnecessary attendances are eliminated. Homœopathy, remarked Dr. Sulzer, is very popular among the working classes in Berlin.

Have you a hospital? was my next and natural query; and I found that though our *confrères* as yet possessed no hospital, they had actually in hand some £15,000 towards the erection of one in the fulness of time. Nothing gives solidity and usefulness to a medical cause more than a public hospital, and this our colleagues in Berlin fully recognise. But in the building of hospitals, as in other concerns, they do these things differently over the water. German hospitals are sanctioned and controlled by the State; and it is not competent for any private corporation to erect or carry on any hospital without such official license. This is granted by the Privy Council, on which sit such allopathic savants as Professor Virchow and Professor Koch; and, said my informant with dry humour, it would need very cogent arguments to convince these gentlemen of the necessity for a homœopathic hospital! However, the official explanation is that £15,000 is too small a sum to build

a hospital; an economically sound reason, though somewhat thin as a State deliverance. Thus a paternal government may sometimes become a trifle too paternal.

In precisely the same vein is cast the apportionment of chemists. Throughout Berlin one searches in vain for a purely homœopathic chemist; but on the double door of every drug repository the familiar legend, "Homöopathische Apotheke," runs side by side with "Allopathische Apotheke." Here again the reason is not far to seek; chemists also are under this beneficent control, and the same spirit which controls hospitals has the last word in the disposition of chemists. And official favour is scarcely ever on the side of minorities.

On the perennial "dose question," views are as variant in Germany as in England; but I gather that the lower dilutions have a much more extended vogue than the exclusive use of the high potencies. Any idea of fusion with the dominant sect, or any apprehension of elimination as a separate medical body, is entirely negatived by our Berlin friends; nor need any such anticipation exist, as there appears no lack of younger men desirous to observe and learn the practice of homœopathy. Consultations with allopaths are as easy or as difficult as with us; general practitioners will meet homœopaths socially, though not professionally; but specialists and other medical dignitaries are less heavily yoked by the fetters of prejudice.

Of the standard works of British homœopathic literature, our Berlin colleagues spoke with appreciation. Dr. Hughes' text-books, and the *Materia Medica, Physiological and Applied*, were singled out for especial mention; and with some American works, notably Farrington's *Materia Medica*, and Hering's *Repertory*, they were familiar. And of current American homœopathic literature, all the principal productions find their way thither as exchanges. But of our periodical British journals, very little was known; the *London Homœopathic Hospital Reports* I had the pleasure of introducing to their notice, and also of effecting exchanges on behalf of the *Review* and the *World*.

Of active propagandism and of systematic teaching in the shape of lectures there is none; and the assigned reason is that the constant demands of busy practice leave no time for any such efforts. It is curious, and

withal highly instructive, to watch the present condition of homœopathy in Berlin. There flourishes a well attended and well equipped Homœopathic Poliklinik; a Medical Society, embracing all the professional homœopaths in the city, and having as an official organ, a journal which will bear comparison with the best English or American congeners; an accumulated fund of respectable dimensions for a public hospital; some score of homœopathic practitioners, all busily engaged in active practice; no difficulty in securing the suffrages of young and enquiring medical men; and no expectation of aught else but the persistence of homœopathy as a definite form of practice. These are not the marks of a decaying cult, and the negative therapeutics of the official German school place more strongly in relief the successful results of our fellow workers.

But the other side of the shield also demands inspection. There are no systematic lectures, expounding *viva voce* the theory and practice of homœopathy; there are no homœopathic hospitals for the reception of acute cases, which perforce have to be handed over to the ordinary hospitals, and thus abandoned; there are none of the valuable forces incident to the working of a hospital, the ripened experience, the general appreciation, and that status which a successful public institution always confers on a cause. Nor did I hear anything of that lay propagandism, which with us has been so excellently conducted by the Homœopathic League.

Here is a pourtrayal of a body of men, highly educated, of great professional usefulness, and whose segregation from the mass of the profession is the warrant of their ability as original thinkers. And yet they carry no weight in any corporate capacity, nor are they a power in the medical administrative councils of the State, nor are they raised in any way from that political powerlessness which is always the associate of new views. Nor is this condition of *laissez faire* confined to Germany. Until recently, it modified and conditioned the drift of homœopathy in England; but new blood, and an awakened public spirit, bids fair to procure with us a weightier public influence than at any previous period.

Westward, we are told, rolls the tide of empire; and it is to America we must look for that expansion of homœopathy which seems inhibited in the old world.

Probably among the changes in the next century will be the displacement of the centre of gravity of homœopathy from Europe to America; our successors will go for refinement and finish in homœopathic practice to Chicago and Boston, as for other special studies we now repair to Vienna and Berlin. Every portent of the future shadows this forth. And the prime cause of this development will be, in Heine's ever memorable words, "because the builders of this structure had not opinions, but convictions."

THE RATIONALE OF "THE GOLD CURE."*

By Charles Lloyd Tuckey, M.D.

During the last twelve months many articles have appeared in the lay papers and medical journals about various methods of treating the alcohol habit by the injection of remedies of secret composition. Each of these methods claims to be the only genuine one, and all agree in one particular—they claim to cure infallibly and in an extraordinarily short space of time.

I have for some years been very interested in the treatment of chronic alcoholism, and have specially studied the effect of hypnotic suggestion as a curative agent. An abstract of my results appeared in the first number of *The Medical Pioneer*, and therein I adduce my reasons for believing that we possess in hypnotism a powerful and efficient remedy for this disease.

But though I have found hypnotism a most useful adjuvant I have not found it the panacea which some of its more enthusiastic advocates would have us believe, and I have always felt that in treating a disease like chronic alcoholism, which is dependent on so many different causes and which shows itself in so many different ways, no one method is likely to succeed in every case, but that it is right and proper to try any expedient which holds out a fair prospect of success. Chronic alcoholism is such a terrible scourge, and ordinary treatment is so far from being generally successful in dealing with it, that the ethics of the method adopted are of less importance than the results achieved.

*Reprinted from *The Medical Pioneer*, July, 1893, p. 149.

Professor Forel and many other writers attribute the success which often attends "the gold cure" and other similar methods to the agency of suggestion, and I think that investigation will show that such is largely the explanation of the facts observed.

It was with a view of testing this theory that I have paid at different times several visits to the head-quarters of the "gold cure" in London, and have conversed with many of the patients, several of whom have been medical men. The American physician in charge and his suborbinates afforded me every facility for making inquiries, and if one could get over the preliminary objections that the institution was being worked purely as a commercial speculation, and that the composition of the remedies used is kept secret, the impartial investigator would feel a sympathetic interest in watching this attempt to deal with the alcoholic problem on a very large scale. *Fas est ab hoste doceri;* and I think it possible to learn much from outside treatment of this kind. Whatever doubts one may have about the genuineness of the remedy the observer can have none about the knowledge of human nature, and especially of drunken human nature, possessed by the founder of the system. Drunkards are often like grown-up children, they are of social habit, full of *bonhomie*, and easily acted upon by suggestion and their environment. These considerations are carefully observed in the treatment as is shown in the details of its working. Among these may be mentioned. 1. The payment of a considerable fee in advance. 2. The injection four times a day at regular intervals of some remedy hypodermically, and the administration of a mixture, a dose of which is taken every two hours. 3. The patient is told that the treatment is almost invariably successful, and his faith in the remedy and wish to be cured are stimulated by the presence and conversation of other patients who are in the stage of enthusiastic reaction from alcoholic excess. 4. Though the new patients are told that they may go on drinking, and liquor is even given to them, they are impressed with the suggestion that they will lose their craving on the third or fourth day. As a matter of fact many patients do fulfil this suggestion, but others fail to do so and continue their excesses. These latter are placed under the care and supervision of steady convales-

cent or cured patients and are kept by their influence from further indulgence. By exacting payment in advance the patient is committed to a course of treatment adequate in the opinion of the practitioner to insure a fair chance of cure; and in this and many other ways the irregular practitioner has the advantage of orthodox medical men. Drunkards are notoriously fickle, but like other people they object to paying for what they don't get, and having paid, I believe they very rarely discontinue the treatment until the end of the course.

Again, one of the first things observable in the drunkard is loss of system and punctuality. He becomes lazy, negligent, and utterly regardless of time. Under "the gold cure" he is obliged to report himself punctually every four hours during the day for inspection and injection. This not only keeps the idea of cure constantly before his mind, but is also an education in system and punctuality, so that at the end of a month's course the patient has become regular in his habits.

The patients I have seen under treatment have all belonged to educated classes, and in fact the fee demanded renders the treatment unattainable to the destitute and friendless. Most of them had voluntarily put themselves under the treatment, and had resolved to do all they could to forward their cure. Such patients are admirable subjects for any treatment, and it is not difficult to cure them if the conditions are favourable. But there remained a residuum of thoroughly bad cases, including many in whom will power was totally lost, and others in which there was no desire for amendment. It is in the management of these cases that tact and judgment are most essential. When the manager finds that the patient does not give up drink in two or three days he puts him under the care and supervision of a convalescent or cured patient who is enthusiastic about the cure, and at the same time sympathetic because he has just been "through the mill" himself.

Everyone knows how extremely easily drunkards are led by men of their own stamp. While drinking they insist on everyone drinking with them, and when reformed, after the manner of proselytes, they become very staunch abstainers. Besides this they are generally men of emotional and kindly temperament, and I have often been struck by the efforts one lame dog will make

to save another a little worse than himself. Setting a thief to catch a thief is supposed to be an excellent expedient, and putting a reclaimed drunkard in charge of an acute case is a clever plan which pleases all parties.

As regards the nature of the remedies—the injection is evidently a cardiac tonic, and it increases arterial tension and flushes the face; whilst the mixture is probably a stomachic and general tonic. Many writers have recorded their success with the use of a hypodermic injection of strychnia, and I have seen it extremely helpful both in cases where hypnotism was used as well, and in others where the patient could not be hypnotised. In one very bad case I saw the administration of tincture of *helviva* alone exert an immediate though temporary good effect, thus showing that tonic remedies are powerful aids to treatment and are occasionally sufficient of themselves to bring about a cure. It is a rule that the patient reports himself once a month for two years, and thus the influence of the treatment is kept up. Many of the patients return frequently to call on the doctors, and they talk to the new patients and encourage them by their example to persevere and get well.

Many remedies against drink are known to contain tartar-emetic which is put into the patient's liquor so as to disgust him with it. It has been suggested that the vomiting caused by the ingestion of alcohol after a course of the treatment under consideration is produced by that means, or by the injection of apomorphia immediately before the drink is given. This physical appeal to the senses is very potent in some cases, for the sickness is afterwards associated in the mind of the patient with indulgence in alcohol and acts as a powerful deterrent. It may very frequently be evoked by hypnotic suggestion, and is very useful when one has to deal with patients of low and sensual type.

I have made the foregoing remarks not to extol a manner of treatment which is carried out with a total disregard of professional propriety, and the claims of which are obviously grossly exaggerated, but in order to explain the success which attends it and which is unquestionably considerable.

The measure of success depends I believe on the tact and knowledge of human nature shown by the practitioner; upon the presence of a sympathetic environment;

and the influence of salutary suggestion. I attribute a very minor effect to the drug employed, though I do not altogether agree with some observers who maintain that the injection of distilled water and the administration of a mixture of *nux vomica* and *quassia* would have the same effect if given under the same circumstances.

It would be extremely interesting, if it were possible, to make some control experiments in which inert substances were used as remedies, whilst the environment was made equally impressive and favourable.

It seemed to me that the majority of cases I saw at the institution were of a type which would be cured by hypnotic suggestion, and in the course of conversation the doctor in charge told me that he only expected favourable results when he had a patient with moral back-bone to work upon.

The points which seem to me to be specially brought out by the very considerable success of these treatments is that cure can in many cases be effected in a very much shorter space of time than is generally supposed, and that active treatment combined with a favourable environment is preferable to the merely passive method adopted in many retreats of simple detention with deprivation of alcohol. I think we shall see the proportion of successful cases greatly diminish when the novelty of the method wears off, and that as it has been with that other American institution, the "Sequah" treatment, so, though perhaps to a less marked degree, will it be with "the Gold Cure."

THE HEREDITY OF DISEASE, AND SUGGESTIONS FOR ITS EXTINCTION.

By J. Murray Moore, M.D., M.R.C.S.

(*Continued from p.* 625. Vol. for 1893.)

Group E.

The following malformations and aberrations from normal structure and function, besides many others, have been recognised as inherited: Superfluous fingers, toes, mammæ, teeth and hair; irregular development of the external ear, excessive length of prepuce, contraction of frænum linguæ, clubfoot, harelip with or without cleft palate, hypospadias, imperforate anus, atresia

vaginæ, parti-coloured hair on the head, left-handedness, colour-blindness, squinting, contraction of tendons of fingers or toes, nævi, moles. On only a few of these shall I have space to comment. Of course these abnormalties are all congenital, therefore for their cause we must study the peculiarities of the parents or their forefathers, and any occurrence that may have modified the intra-uterine life of the fœtus. 1st. A proximate cause of many deformities and birth-marks is, in my opinion, an intense shock of some kind, whether sudden or prolonged, acting upon the mother's mind or body, or both. The seven illustrative cases I described in my *Essay on the Effect of Mental Impressions on Fœtal Development*, contributed to the Centennial (1876) Convention of the American Institute of Homœopathy, as well as twelve cases I have collected from the medical journals since, after eliminating all exaggerations and fallacies, prove to my satisfaction that these shocks to the mother are a common cause of fœtal malformations, markings, and even monstrosities. Secondly: Unhealthy or abnormal habits acquired by the father or mother before conception, or by the latter during pregnancy, modify or alter the child. In the family I know best one of the daughters acquired the habit of sucking the thumb on going to bed at night; this habit lasting until she was twelve or fourteen years of age. Her upper jaw and the anterior half of the hard palate became deformed in shape, as dentists know well, giving some trouble. When married, her eldest daughter was born with precisely the same hollowness of palate and pointing of the upper maxilla, and consequent crowding of the incisor and canine teeth. This is clearly an instance of "inheritance of an acquired character," as maintained by Herbert Spencer. The two other daughters of this lady show no such malformation. Another lady had formed a habit of constantly pressing a cross she wore on a necklace against her throat, and her child was born with a cruciform nævus exactly on the corresponding part, namely, over the larynx. Thirdly; accident, involving physical injury, or intra-uterine disease, either of ovum, placenta, funis or other parts concerned, often *arrest* or cause a deviation of normal development of the fœtus in its regular order. Twisting of the funis is the commonest cause of amputations, and parts of the fœtus,

and the curious feature is that the hand, foot, finger or toe that is thus cut off is never found, having become entirely absorbed. What has deterred anatomists and physiologists from believing the first cause mentioned above of fœtal deformities is the fact that no *direct* vascular or nervous communication can be traced between mother and fœtus. Yet by careful investigation of date and stage of embryonic life, it has been proved many times over that a loathsome sight or sudden start of horror has caused such a movement of the fœtus, as resulted in the twisting of the umbilical cord round its neck, causing death, or round a limb, causing amputation. Fortunately, it does not seem that a mutilation of this kind is transmitted to the next generation, when the child so marked has become a parent.

Fourthly, true heredity, including atavism, is the cause of peculiar character impressed in the infant. I knew an instance of a boy whose hair was light brown, but he had a streak, two inches in width, of nearly white hair, which had come from the mother's side of the family, and had existed as a family mark for several generations. I have noticed certain peculiarities in the shape of the external ear of a parent exactly reproduced in the child. If the parent is a born musician, or music-lover, the child will have a well-formed ear with deeply marked curves, and a free lobule; and it will inherit the parental talent or love for music. On the other hand, the pointing of the tip of the auricle, the fusion of the almost flat helix with the anti-helix, and the attached lobule are hereditary in the insane, in malefactors, and persons of very low intellect. The close resemblance of a child's hand to that of its father or mother, extends even to the prints of the ridges and curves of the finger tips. It is certainly a strange but very pleasing fact that if a man suffers amputation of a limb or digit, or is born with some such deficiency, his children do *not* exhibit that same defect. But abnormalities of function and structure are certainly transmitted; the following I can vouch for: Squinting, a tendency to amaurosis; night-blindness; "tongue-tie;" disproportionately large or long tongue, causing peculiar defects of speech, irremediable by any known method; contraction of the tendon of a particular finger, or of a particular toe;

hare-lip; left-handedness; the power of moving the whole scalp backwards and forwards by an unusual mobility of the occipito-frontalis muscle; and so on. Sir H. Holland knew a father and son, in each of whom the patella was missing. Also, in a certain family, the five daughters resembled their mother in each having a hirsute growth on both upper lip and chin.

In connection with the subject of intra-uterine amputations not being transmitted by the subject of them, it is interesting to know that it is *possible*, but *difficult*, to breed tail-less animals. Dr. C. E. Lockwood has succeeded in producing tail-less white mice after amputating the tail for seven generations; but Weissmann failed after five generations. The experiments need repeating before any new theory can be based upon these conflicting results.

The subject of left-handedness is interesting, because it needs more investigation of the relative weights of the two hemispheres of the brain. In all right-handed persons, the weight of the *left* hemisphere of the cerebrum (where the motor centres for the right arm and hand exist) exceeds the weight of the right hemisphere, *post mortem*. In the one case of a left-handed person where attention was paid to this matter, the *preponderance of weight was reversed*. My friend, the late Sir Daniel Wilson, Principal of the University of Toronto, himself left-handed, has written an interesting little monograph on the subject. His paternal uncle, his niece and grandson are each left-handed. Dr. John Rae, the Arctic explorer, and Professor E. S. Morse inherited their left-handedness from their mothers. It is curious that while some great artists of the past (Hans Holbein, Leonardo da Vinci, Amico Aspertino and Mazzo of Antwerp) were left-handed, at the present day left-handedness has been noticed to be more common among criminals and persons of weak intellect than in the community at large. Probably our use of the right arm originated in the constant wars of primitive tribes. Finding that wounds on the left side of the body were more fatal than those received on the right, shields of defence came to be used on the left arm, thus setting the right arm free for attack. Thus another acquired character came to be inherited, for the instinct of the child taught it to use its right hand by preference, and,

as the mother or nurse has in all ages and nations trained children in the same habit, the "dexterity" of the right hand and the muscular development of the right arm has become the normal rule of nature. If, however, we study young infants' earliest movements, we find the *grasp* of each hand *equally* strong, and the stretching forth of the two hands to reach an object *simultaneous*. It seems to me quite practicable to train both hands to a condition of "ambi-dexterity," whether in right or left-handed children. To artists and writers this would be a great advantage in case of paralysis or injury to either hand, though very few indeed could attain the wonderful feat of Sir E. Landseer, who drew, at the same moment, a perfect horse's head with his right hand, and an equally perfect stag's head with his left! In studying the pathology of malformations clearly due to arrest of development, we have to bear in mind that the arresting agency must operate prior to the normal embryonic development of the part arrested or altered. Thus, when a child is born with webbed fingers (usually the third and fourth being united by skin), the disturbing agency must have operated about the period when the thumb had just been separated from the rest of the fingers, that is about the 75th day of fœtal life. In such a case the child is born with (usually) one normal hand of the third month and one fully formed hand. Only three cases of "syndactylism" have been recorded, in which the thumb has been included in the membrane. I know of a curious instance of a fright sustained by a lady in the third month of pregnancy, through a cat jumping upon her left hand, as she rested it on the arm of a chair. The infant, a boy, was healthy and well-formed, except that he had no digits at all on the left hand, only four small finger-nails on the dorsal surfaces of the flesh covering the distal ends of the metacarpal bones. I have seen this boy. Supernumerary fingers or toes, generally six instead of five, have often occurred in the same family. In a certain Irish family, as recorded by Dr. J. P. Henry, the sixth finger has existed in the females for several generations, and is even considered a "lucky mark." One is reminded of our supposed "Darwinian ancestor," when we read of a patient of B. C. A. Windle's, who had two thumbs on the left hand,

one with two and the other with three phalanges, and on the right hand one thumb with three phalanges. From a study of these and other phenomena, Prof. Bardeleba has even formed a theory that the original type of the human hand and foot was *reptadactylous*, or seven-fingered.

There are on record nineteen cases of single or double gynæcomastia in men of normal virile development (Perelzweig, 1890), from which, as well as from the occurrence of hermaphroditism, some anatomists have concluded that the original Homo was androgynous, or bi-sexual.

Dr. P. Marie brought before the Medical Society of Paris last year, the singular case of a girl who possessed a supernumerary nipple on her left breast, a peculiarity which had existed in the family for four generations. It is curiously associated with the occurrence of twin-births in this family. Out of the girl's eleven brothers and sisters four (two pairs) are twins; and six (three pairs) of her fifteen uncles and aunts on the side of her father, who is himself one of twins, who are twins (females) each possess the extra nipple. None of the other females have it. Some evolutionists would perhaps argue that this hereditary 'malformation by excess' is a reversion to an original type with multiple mammæ, or a special variety of the human species. But I feel certain that whatever abnormalities or monstrosities may be born of woman, the *limits of variation* will always be *confined to the distinctly* HUMAN *species*. No animal has such a complex organism as man, and therefore in none is there exhibited such a wide range of variation, but always within certain limits which characterise and define his position in creation. I had noted many more kinds of inherited irregularities of structure or function, but too much space would be taken up. It remains for me to gather up the "suggestions for the extinction" of this and that morbid heredity scattered through these papers, the discursive nature of which I trust my readers will excuse, and to add to them a few more thoughts.

As the laws of embryology, of heredity, of personal temperament, and of sanitation are becoming better known, it is not unreasonable or hopeless to expect that the whole quality of our race may be improved. Com-

mencing with the lowest element, bodily deformity, Dr. Burnett has shown us that much may be effected by homœopathic treatment, long continued, of the mother, in promoting normal development of the unborn child, so that hare-lip, for example, (which arises from a failure of the frontal process to unite with the superior maxillary process) appears no longer in an infant whose predecessors were all thus marked. It may become possible to prevent the occurrence of other malformations by following in the same lines of investigation and therapeutic experiment. All "family doctors" should study Burnett's little work, which is suggestive, though brief and incomplete. Much can be done, and is being done, to improve our race *en masse* by improved dwellings; by pure water; by parks and recreation grounds; by instruction of children in hygiene, in gymnastics, &c.; and by the formation of a sounder public opinion on sanitation and prophylaxis. But we are still, in physical beauty and strength, far behind the Greeks, and perhaps inferior to our German neighbours in athletic developments. We need to train our youth of both sexes to a *juste milieu* between intellectualism, which disregards physical health, and athleticism, which ignores mind. Hygiene, in its proper sense, means perfect culture of mind, body, and environment; and each of us ought to be an active promoter thereof, by conveying to those we can influence some of that special knowledge which we possess by our professional training. A little timely instruction to adolescents will save them years of suffering, and perhaps early death. When we are consulted by a young wife, in whose family some deviation from the normal has appeared from time to time, we must bring every good moral and physical influence to bear upon her during the two trying periods of pregnancy and lactation. The husband should be urged to exercise much self-control, and to show extra gentleness and protective care because of the disastrous effects on the child and mother of pain, fear, repulsive sights, terrifying sounds, anger, jealousy, the use of stimulants and narcotics, and so on. One condition necessary to health of both mother and fœtus is hard to be obtained by the poor, namely, a plentiful supply of pure air. A cheap form of house grate which consumes its own smoke, and a cheap oxygen-inhaler would both be of

great service here. Carbon and its two gases, and sulphur and its derivatives are the curses of our urban atmosphere. Men and women would not fly to stimulants if they breathed a purer air. All possible good præ-natal influences should be brought into play. When the infant is born, if it cannot be suckled the latest improvements in hand feeding should be inculcated. By acquiring a knowledge of its parents and their family history, we recognise its inherited proclivities, remembering the fact that in the early part of its life a child may resemble its mother and her weaknesses, at a later period its father and his disease tendencies, or *vice versâ*. We also know that the *latent characteristics*, morbid or natural, of either parent may exist in a child and be brought into manifestation (1) by means of a long exhausting illness, such as fever; (2) by the constitutional changes involved in puberty or the climacteric; or (3) by the stimuli of internal circumstances. It is often the case that one child out of a large family alone develops, under untoward circumstances, the latent morbid taint (such as phthisis pulmonalis) of either father or mother. All children, whose parents or grandparents were neurasthenic, or had brain disease or tuberculosis, should *early* be made to take exercise in the open air, to have abundance of sleep, short hours of study, and a nutritious, well-balanced diet. The way to check the beginnings of insanity in children of a highly neurotic mother is to associate them with healthy, merry, good-tempered playmates; to divert their attention when angered; to keep them as much as possible at the seaside or in the air of a hilly country; and to train them up to a manual life-occupation congenial to their tastes and talents.

The eccentricities of a young child should be carefully watched, for they are often the signs of real genius; yet "genius oft to madness is allied," and as in the case of Charles Lamb, one child in a family, where unstable mental equilibrium is the rule, may develop genius, if aided and trained wisely by those who have the care of him. Contrast the training of Mozart with that of Ruskin, for example. When an adolescent youth of either sex exhibits, for the first time, præ-tubercular symptoms, the best way to check them, where it can be afforded, is to send him or her to a sparsely-populated district

1,000 ft. or more above sea-level, or to send the patient, if a young man, to a sea-faring life. But where these courses are impracticable, homœopathy comes in, and is scoring such successes in the cure of early tuberculosis as to make it quite unnecessary for any of us to run into Kochism, though we may, like Burnett, have recourse to *bacillinum*. It behoves the physician of the present day to make up his mind definitely on the questions of the contagion and infection of tuberculosis, the disinfection of the sputum; the best method of excluding tuberculous milk and meat from the dietary; the filtering and warming of the air admitted into schoolrooms, workrooms and bedrooms, and so on; and to act upon his convictions. For my own part, I am firmly convinced that the importance of destroying the bacilli by germicide solutions, and the prevention of them from becoming dry particles in any enclosed space cannot be over-rated. Let us bear in mind that in 99 out of 100 cases, it is the combination of (1) an inherited delicacy of the respiratory mucous membrane and a narrow or sunken chest; (2) a lowered vitality and a neglected catarrh of the lung-apex, generally the left, that invites the attack of the tubercle bacillus. The practice of deep inspirations every day in the open air when not too cold I have found very helpful in warding off consumption. And we should persistently impress upon married persons the danger of the sick sleeping in the same room—much more the same bed—with the healthy. When we know that from twenty million to two thousand million bacilli are expectorated in the course of 24 hours (Dr. G. H. F. Nuttall), and that tuberculous sputum retains its infective properties, after drying, for ten months, we can recognise the importance of the above suggestions.

Alcoholism cannot be eradicated in one generation, but each medical man can do something towards it. By personal example of abstemiousness or abstinence, by refraining from prescribing stimulants to young wives, because it is customary after a confinement, by promoting the temperance cause, by carefully *limiting the time* during which, when necessary, stimulants are to be taken; and by promoting legislative restraint of habitual drunkards, much may be effected towards the extinction of this miserable curse.

But the time and space already occupied are too exten-

sive to allow me to enter into the prophylaxis or cure of other hereditary diseases or deformities of which I have notes. The subject of heredity in relation to disease branches out in all directions. It was Weissmann's ingenious theory, described in my first paper, that set my mind on this line of investigation. I think his theory is bold, original, and true as far as we can verify it, but not yet entirely satisfying all the known facts of transmitted qualities. My readers will, I trust, agree with me that there is not only scientific interest, but also practical value in exact observations of family disease-tendencies, disease-immunities, and the results of their hereditary combinations. It is a comfort to know that nature is on the side of those who seek to cure and to eradicate disease; for while disease is an incidental and transient condition of human life, health is its normal and stable equilibrium.

When he knows not only how to ward off many of the diseases that now afflict him, but also how to promote the physical, intellectual, and moral evolution of the race, a vast improvement in man's estate may be expected; life will be both prolonged and made better worth living than it is now; and two of the conditions—health and longevity—(pp. 89, 208)—of the coming millennium will have been attained.

REVIEWS.

Essay on the Treatment of Essential Epilepsy, by the Simultaneous Ligature of the Vertebral Arteries. By G. Gowing-Middleton, M.D., Paris, Consulting Physician to the Thermal Establishment of Bagnères de Bigorre. Paris. Ollier-Henry. 1893.

This essay by Dr. Gowing-Middleton, formerly of Scarborough and Nice, but now settled in Paris as a homœopathic physician, was his Thesis for the Degree of M.D. of Paris, which he obtained last year, and forms a very interesting and instructive essay on the surgical treatment of essential epilepsy. Dr. Middleton first gives a full account of the most recent views as to the pathology of epilepsy, and then recounts the history and development of this novel treatment. It was first suggested in 1881 by Dr. Alexander, of Liverpool, who, after publishing papers and cases in the *Medical Times*, issued a small work on the subject in 1889. The treatment, which

Dr. Middleton describes very fully and clearly, consists in ligaturing both vertebral arteries. Alexander ligatured each separately, but Dr. Chalot, of Toulouse, who has taken up the treatment warmly and successfully, ligatures both at the same time.

The text of Dr. Middleton's *brochure* is a case of his own, which the writer saw several times in consultation with Dr. M. It was that of a little boy in whom epilepsy developed itself, and in whom, in spite of treatment, the fits recurred, and became more and more frequent. The boy was losing his natural sweet temper, becoming irritable and morose, and was losing his memory. Altogether the outlook was anything but cheerful, and it was just a case where extreme measures might be justifiably adopted in hopes of a cure. Dr. Middleton took him to Dr. Chalot, of Toulouse, who operated in August, 1892. The boy made an excellent recovery, and from that time till now he has never had a single fit. He has completely recovered his old self in every way, and after this lapse of time, we think we may consider it a perfect cure. This result is most gratifying, and amply justifies the legitimacy of the operation, and Dr. Middleton's boldness in advising it. The *brochure* is well worth procuring and studying, and we congratulate our colleague on his triumph, and we wish him all success in his new sphere in Paris. We may state that it is very rare for an English doctor who practises in France to get the M.D. of Paris.

PERISCOPE.

MATERIA MEDICA.

Apocynum Cannabinum.—A case is reported in the September number of the *Homœopathic Recorder* in which a young woman, whose ovaries and tubes had been removed about two years ago, suffered from an increasing size of the hips, the circumference of which had increased six inches during the last month. The hypogastric region had also enlarged. There was also an obstinate constipation, which no purgatives would affect. When a stool was had, it was composed of small, hard balls, coated with mucus. The urine was very scanty, and of a dark yellowish-brown colour; there was no swelling of the legs, feet or face. After trying apparently indicated remedies without effect, Boericke & Tafel's decoction of *apocynum cannabinum* was prescribed, a teaspoonful every four hours. During the first two days there was much nausea and vertigo. On the third day the bowels moved several times, and an increase of urine was observed. From this time there

was a steady improvement. In ten days the local dropsy had disappeared, also the constipation.

Strontium Carb.—Dr. S. A. Jones, of Ann Arbor, publishes a case in the *Minneapolis Homœopathic Magazine* illustrating one of the uses of this little known medicine. A pathogenesis of this salt was published in 1881 by Harslaub and Trinks. The features of the case which corresponded to the pathogenesis are described by Dr. Jones as being "1. Locality. The drug affects the eyes themselves, the lids and the canthi. 2. It also gives rise to indistinct vision, chromatopsy, lachrymation, and the sensations of aching, itching, smarting, burning, and as of sand in the eyes. 3. These drug effects are aggravated by cold, and even more markedly ameliorated by warmth. And more, the eye conditions are aggravated by looking steadily at an object, by moving the eyes, and when reading. 4. The peculiar feature that the pains come on slowly and slowly disappear is also observed in the action of the drug." He also points out that the proving shows it to be a drug indicated in the strumous dyscrasia.

Mercury.—In a paper in the *North American Journal of Homœopathy*, Dr. G. S. Peck, of Denver, draws attention to the points of difference between the several preparations of *mercury* in general use. Before going into detail he summarises the points of difference in the following terms:—"*Mercurius solubilis* affects nervous tissue, serous and mucous membrane, bony, glandular, and fibrous tissues. *Mercurius corrosivus* seems to affect with destructive force the mucous lining of the alimentary tract, causing softening and gangrenous disorganisation of this membrane. *Cyanuret of mercury* resembles much the action of the other mercury salts on the mucous membranes and submucous structures, but differs from them in the marked intensity of its mouth and throat symptoms and the deposition thereon of a false membrane. The chief sphere of the *iodides* is in the glandular tissues, producing swelling and ulceration of them."

Eucalyptus Oil.—The *Hahnemannian Monthly*, quoting from the *Australian Medical Gazette*, gives the following account of a case of fatal poisoning by this oil in the person of a boy, 10 years of age, reported by Dr. Neal, who found him dying; lips and gums colourless; chest and neck rigid; the breath coming in gasps; and the pulse too feeble and too rapid to count. He died in twenty minutes. The history was that several of the family had colds; that at 9 o'clock on the previous evening, the boy who was quite well, took some blue-gum oil as a preventive, stating the same to his father, and went to bed. In a few minutes the father was attracted by his gasping for

breath, and went to him, when the boy vomited heavily. This relieved him and he breathed well for an hour, when the struggle for air came on again, and increased until death, fifteen hours after the ingestion of the oil. There was no purging; only one vomit; no convulsion. He spoke rationally several times up to within an hour of death; once complained of pain in the right axillary line above the liver, relieved by a poultice. The inquest showed that a little over half an ounce had been taken. The post-mortem appearances were as follows: Forty-eight hours after death post-mortem congestion was well marked over the whole back and neck; the abdomen and loins were greenish; no corrosive marks in mouth or pharynx; stomach much distended with gas, and on perforation collapsed to less than a third. It contained a small quantity of thick yellow, odourless fluid. The outer surface was white, except for a staining where it adjoined the spleen; inner surface white, thickened and puckered, as if painted with a mild solution of carbolic acid; not brittle; liver, spleen, kidneys, and intestines healthy. Pleural cavities contained a quart of serum, not flocculent; no lymph on pleuræ, nor thickening; both lungs collapsed, firm, and bloodless, coloured in patches of pink and white, except posteriorly, where stained with the pleural fluid. Right heart contained frothy fluid, the left empty and contracted; the brain soft and pulpy, the membranes only being full of blood. Since the inquest, the author has heard of several authenticated cases, where serious symptoms have followed a dose of one drachm of eucalyptus oil, in all instances with catching of the breath, and followed by recovery.

Cobra.—The *New York Medical Times* for December reprints a letter published in the United States Consular Reports, from Dr. A. L. Sandel, M.B., L.M., C.M (Glasgow), Muncipal Commissioner, Calcutta, and late Medical Officer to the local government, Bengal, confirms, from personal investigation, "the wonderful success with which an empirical practitioner of the healing art was combating the ravages of cholera. Case after case given up by the faculty as hopeless would be taken up and successfully treated by him. . . . In my first interview with the man, I managed to elicit the fact that the powerful agent employed by him subcutaneously was a tincture of which the poison of the cobra formed the sole base. . . . Later, I discovered a woman who happened to possess a small supply of the above tincture which she had obtained from the said man. Her success in treating cholera cases was, on a smaller scale, as striking as his.

"I could not help reviewing the astounding fact that many

eminent medical men of this city repeatedly found in their practice that cases of cholera given up by them as hopeless were invariably cured, provided a certain charlatan was called in and permitted to inoculate his mysterious counter-poison, yet not one of these doctors has thought himself called upon to investigate the subject. The pachydermatous attitude of the faculty in the presence of epoch-making discoveries in the past readily comes to mind.

"I am prepared to avouch, on the honour of a professional man, my thorough conviction of the repeatedly successful treatment of hopeless cases of cholera by the inoculation of the sufferer with cobra venom."

CANNABIS INDICA.—*The Hahnemannian Monthly* records a case of poisoning by this drug, reported by Dr. Windscherd, of Leipsic, in *Un Wiener Medicinische Zeitung*. The patient in two hours took, in broken doses, three grammes, forty-five grains, of the solid extract of the drug in the afternoon, the last at six. No symptoms until 8.30 p.m., when his watcher noticed that he suddenly broke off the conversation, reached towards the objects about him, and said: "How peculiar; a strange power is overcoming me." Nearly immediately after, complaints of a feeling of anxiety, a raging stage of excitement set in. Together with a few pessimistic ideas, with transient bodily relaxation, there was excessive motor restlessness, and a continuous running hither and thither with violent, lively gestures and uninterrupted talking. The very well-read and highly cultivated prover declaimed wildly and confusedly the most difficult selections from the classics and, contrary to his usual habit, with many errors, in that he changed words of his own accord. Now and then, ideas of grandeur prevailed; he was a millionaire, a Russian prince, all men were his subjects, etc. Inclination to reflections, the patient explaining everything that he did, and why this and that was obliged to be said. No sensations of flying, as on other recorded poisonings. Towards ten o'clock he suddenly became quieter, after an hour and a half of the most extravagant delirium, saying, "I think it is at an end." He then became apathetic, complained of intolerable burning in his mouth and great thirst, terrific palpitation of the heart and anxiety, with a feeling as though "he must die," so that his friend-watcher became anxious and sent for Dr. W. He found him conscious, lying with eyes closed and a sensation as though an electric current continually swept through his body. Pupils widely dilated, reacting slowly to light. Slight hyperæsthesia of the hands, very sensitive to the least noise or light. Reflexes unaltered. Continual twitchings, especially of the upper extremities, now and then spreading

over the entire body. Pulse small, regular and 172 (!). Heart normal. The night passed very restlessly, with delirium and attempts to jump up. The next morning quieter, increased sensitiveness and augmented skin reflexes; slightly touching the leg with a needle caused nearly convulsive twitching of the whole body; the patellar reflexes greatly increased. The patient continued to improve, though for a day or so there was apathy, absence of will-power, a tendency to theatrical attitudes and to sentimentality, which latter lasted for days. At first, he could hardly be forced to leave his bed for a few minutes, which apathy was in contrast with his usual habits.

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

The second meeting of the present session was held on Thursday, November 2nd, at the College of Organists, Bloomsbury, Dr. Madden, Vice-President, in the chair.

The following gentlemen, having been duly nominated, were elected members by ballot:—Dr. Gibson Miller (Glasgow), Dr. Herbert Wilde (Brighton), Dr. Stanley Wilde (Cheltenham), Dr. Christopher Wolston (Chislehurst).

Drs. Windelband and Sulzer, of Berlin, were elected corresponding members of the Society.

Dr. Burford gave a short account of the position of homœopathy in Berlin.

Dr. Gibbs Blake, of Birmingham, read a very interesting paper on Scurvy, but bearing more especially on the infantile variety, which, until Barlow's investigations, was generally considered to be acute rickets. The paper was illustrated by cases which the author had seen, and contained a careful account of the history of the subject, together with its pathology and treatment. The discussion that followed was taken part in by Drs. Madden, Edward Blake, Dyce Brown, Harris, Byres Moir, Carfrae, Hughes, Dudley Wright, E. A. Neatby and Gerard Smith.

Mr. Spencer Cox next read a communication on *Glonoin*, *Glyceryl* trinitrate, with special reference to its action in heart disease. After giving a short history of the drug provings and pointing out the heart symptoms, he went on to indicate the class of cases in which he had found it useful. He illustrated its use by quoting cases of aortic and mitral disease much alleviated by the internal use of the remedy.

He discussed the question of the dose and mentioned its

employment in epilepsy and alcoholism. Drs. Madden, Dudgeon, Gibbs Blake, Lough, Burford, Byres Moir and Gerard Smith took part in the discussion that followed the reading of the paper.

A PRIZE FOR THE HOMŒOPATHIC HOSPITAL EXHIBIT AT CHICAGO.

It will be remembered that out of all the London hospitals which sent exhibits of models of nurses, patients, and appliances to the London committee of selection for the Chicago Exhibition, the Homœopathic Hospital tied for the first place, thanks mainly to the efforts of Sister Marion of the Children's ward. Our readers will be pleased to learn that the exhibit has found no less favour in the eyes of the Chicago judges, who have awarded it a medal and a diploma of merit. Here is the announcement from *The Nursing Record*:—

"Institute for Nurses. No. 8, Surgical Models. 'For exquisite workmanship and beauty': Medal and Diploma, Miss Marion Rumball, Registered Nurse, Sister, Homœopathic Hospital, London."

AMERICAN NOTES.

The meeting of the New York Homœopathic Medical College and Hospital, at the commencement of the current session, was one of unusual interest. Dr. T. F. Allen, the Professor of Materia Medica, having resigned the office of Dean of the College, was presented by the faculty with a handsome testimonial in the form of a chaste and elegant silver pitcher and salver. The presentation was made by Dr. Helmuth, the Professor of Surgery and successor to Dr. Allen as Dean. In the course of a very interesting speech, Dr. Helmuth noticed the responsibilities and obligations of the Dean of a College, the important work which the late Dr. Carroll Dunham, the Dean of the College when Dr. Helmuth, twenty-three years ago accepted the appointment of Professor of Surgery, had accomplished for their institution, and that done for it by the late Dr. Dowling, paying eloquent tributes to the memories of both at the same time. He then passed on to refer to his immediate predecessor, Dr. Allen, who was appointed on the resignation of Dr. Dowling in 1882. Dr. Allen had been indefatigable in raising money from his friends to enable the College to keep pace with the progress of science. Through his influence Mrs. Keep gave $100,000 for the erection of the New York Ophthalmic Hospital, two of his friends were by him induced to give $50,000 for the building of laboratories, and

again through him the then Governor of the State, the Hon. R. P. Flower, presented the College with a surgical hospital—The Flower Hospital. "There it stands to-day," said Professor Helmuth, "fully equipped, and with a record which will bear comparison with any in the country." Dr. Helmuth concluded his address by saying: "It gives me great pleasure indeed that the first official act of my deanship shall be to place in the hands of my brother this testimonial of the regard and love of his *confrères*. The pitcher seems to be empty, but it is full, full to the brim and overflowing with that invisible but potent sentiment that 'makes the world go round.' It seems to be but an artistic piece of polished metal, but it coruscates with the esteem and regard of those who confer it. Take it, and when you have done your work, and are passing to the other side, hand it to the boy who sits yonder, that he may tell his children how it came to his father."

* * * * *

Dr. Allen, in acknowledging the gift, dwelt on the hearty manner in which his colleagues had supported him in his endeavour to do his duty. He welcomed Dr. Helmuth, assuring him that the faculty would support him, his plans and prospects as he had supported them. "Success," he said, "will crown our efforts in so far as we are in earnest—in so far as we believe what we practise, and impress our honesty of purpose upon our patients."

* * * * *

The opening of the session in that great centre of American medical education—Philadelphia—was signalised by a scene of a different and yet most amusing and suggestive order—one of which we in England can perhaps scarcely appreciate the full meaning. In the United States "parades" are common modes of expressing political opinions, and they seem to be coming to be adopted in other directions. The medical students of the various medical colleges of Philadelphia, for example, desiring to place themselves *en évidence* before the citizens last year held a "parade," and as the demonstration was regarded as successful, it was agreed that a similar display should be held annually, and that each College should in turn head the procession. Last year the University of Pennsylvania took the lead and on this occasion had to go to the rear, while Hahnemann Students, who were then second, were now the leaders. An inter-collegiate meeting was held, and the following order of procession was arranged:—Hahnemann College, Jefferson College, Medico-Chirurgical College, Philadelphia Dental College, Philadelphia College of Pharmacy, Pennsylvania Dental College and the University of Pennsylvania.

A week later, and the student world heard with surprise that at the request of Dr. Pepper, the Provost of the University, the students of that institution had met and resolved that "on account of the danger to health and dignity," they would not take part in the parade. Quickly following this came the news that the students of the Jefferson and the Medico-Chirurgical Colleges and the College of Pharmacy had met and, more frank than the University, had resolved that they would not march behind homœopathists! The Hahnemann students met, and resolved that the parade should go forward, and when it was announced that the students of the Philadelphia Dental College had voted to keep faith and march with Hahnemann the cheering became loud and long continued.

* * * * *

The newspapers took hold of the matter, and the interest of the public was thoroughly awakened; not because they recognised the necessity of the parade, but for the reason that the teachers of the old-school institutions and their students had trampled upon the American love of "fair play." The air was filled with rumours and threats of how the "Jeffs," Medico-Chi, and University boys were going to rush the parading column, and smash the paraders, etc. The "boys," however, had not counted upon the police; Director Beitler said the Hahnemann boys should parade without any interference—and they did.

* * * * *

The description of the street marching in the leading papers of Philadelphia is very full and graphic. The "head-lines" of the account are as characteristic of an American newspaper as they are amusing. The following is an example:—

HAHNEMANN'S HURRAH.

HOMŒOPATHS AND DENTAL PARADE IN SPITE OF THEIR RIVALS.

COLLEGE YELLS AND RED FIRE.

The Fearless Students March over the Prescribed Route and Receive the Plaudits of their Sweethearts. — A Series of Choice Taunts Hurled at the Paraders by Boys From other Colleges.

The parade was quite a success, "the boys" receiving a continuous ovation from the beginning to the end of the line of march, while crowds of students from other colleges taunted them with cries of—

Sugar pill, sugar pill,
Never cured and never will.

Every attempt to break up the parade was prevented by the police.

* * * * *

At the close of the parade a Hahnemann man said: "Did you notice that there were more University men followed the parade the whole way in order to taunt us than we had in line? Yet these are the dear delicate little tootsie-wootsie's who were afraid they might get wet and cold feet if they took part." Among the inscriptions on the transparencies carried were "Hahnemann's motto": "In things certain, unity; in things doubtful, liberty; in all things, charity." And others, "The world moves—so do we;" "Higher education—we are ready;" and "Four years—none too many."

* * * * *

Not only were newspapers like the *Philadelphia Times*, from which the foregoing notes were compiled, very full in their description of the parade, but they were quick to point the lesson taught by the contemptible conduct of the students of the non-homœopathic colleges. *The North American*, published in Philadelphia, writes as follows, regarding what it terms "An Unseemly Wrangle:"

"Whatever may be said for or against the annual parade of the medical students of our colleges, nothing can be offered in justification of the wrangle that preceded the parade this year. While admitting that the art of healing is perhaps the noblest of all, it is painfully evident that no school has a monopoly of the truth, and that no one and not all the schools combined have yet mastered some of the simplest problems that confront the physician. This should exhort to toleration, if not to that perfect fraternisation which is desirable in the realm of art and science. Each school has its triumphs, and all schools have their dogmatists. . . . . The public wants to get well when it is sick, and the doctor who chases away the disturbing influences will have his clientage anyhow. The rule will be found to apply in all cases of dogmatic practice—'Man is tolerant as he is enlightened, and intolerant as he is misinformed.' This rule is applicable in science, art, theology and politics. The unpractised student of medicine, unless incapable of learning anything, will grow tolerant as he grows wiser by experience. He always knows more when he graduates than he does ten years later, taking his own estimate of himself."

* * * * *

The Philadelphia Inquirer, in concluding a leading article entitled "Common Sense for Medical Colleges," says:—

"With the petty jealousies and squabbles which divide the medical schools neither the *Inquirer* nor the public has the

slightest patience. They disgrace the liberal spirit which animates the other arts and professions, and their exhibition of ill-feeling at this time can injure no one but those who give expression to them. The State of Pennsylvania recognises both schools by the appropriation of large sums for their maintenance, and the public employ their representatives with a keener eye to their personal skill than to their devotion to any set of principles or ideas. It is consequently impossible that their lack of respect for each other should have any effect upon their public standing except as it may tend to injure them both. Whatever other faults the people may have they are endowed with too much common-sense to accept the verdict which any medical school may form of its most conspicuous rival as one which does that rival justice.

"It is these facts which make this whole controversy ridiculous to sensible men. The wonder is that the faculties of all the colleges in interest had not the good sense to avert what has already been said and done by exerting their influence to have the parade pass off as in the two preceding years."

* * * * *

The setting apart of a special day for receiving subscriptions to a charity is another American institution of great usefulness. Hahnemann Hospital, Philadelphia, celebrated its "Donation Day" on the 9th of November, and was, the *Hahnemannian Monthly* tells us, "crowded from nine o'clock in the morning until sunset with its many friends and well-wishers. The popularity of the institution, and the public appreciation of its good work were shown by the generous contributions which were made. Three thousand five hundred dollars in cash was donated, also clothing, groceries, provisions, and many articles useful for the sick. It was an eminently successful donation day."

* * * * *

Medical reform in the United States has taken the direction, as all know, of requiring every practitioner to present himself before a State Board of Examiners for license before he can practise. A diploma merely gives the holder a right to present himself for examination not a right to practise in the States which have adopted this safeguard against imperfect education and training. The New York State Homœopathic Medical Society, at a recent meeting, passed the following resolutions respecting the State examination:—

"*Resolved*, That all educated physicians should have the fullest possible knowledge of drug-action, without distinction of school or creed; and that this instruction should be comprised in the curriculum of every medical college.

"That until all students are so taught, it is manifestly unjust and unfair to require by law, of candidates for license, examination in therapeutics and materia medica, other than in accordance with the tenets of the school to which they belong.

"That while we strongly urge upon all homœopathic colleges the necessity of giving to students the broadest and most liberal education in medicine, that until the other schools in medicine shall so fully and completely teach materia medica, we cannot submit our students to unjust discrimination in State medical examination.

"That we cordially indorse the present system of licensure, and are opposed to any modification or change."

* * * * *

The practical effect of this resolution being carried out would be, on the one hand, teaching the pathogenetic effects of drugs and the homœopathic utilisation of these effects in *all* medical schools, and the further teaching of the antipathic uses of medicines in the Homœopathic Medical Colleges on the other. Such broad teaching would have a most useful influence upon the practice of medicine.

* * * * *

The *Hahnemannian Monthly* deplores the extension of "paternal legislation," of what is sometimes termed here "grandmotherly legislation," and says that "there is no end to the petty tyrannies that cranks and indifferent log-rolling legislators may legalise. An Ohio physician wishes a law forbidding kissing, because of the well-known occasional dangers attending promiscuous osculation. A Kansas man wishes a law against the wearing of hoop-skirts by the women."

* * * * *

At the autumn meeting of the Western New York Medical Society, Dr. Mary Moore read a paper on *Dress Reform in Women*, from which we extract the following, hoping that some of our readers may feel inclined to try Dr. Mary's experiment, and that if they do so they will communicate the result to the *Review*:—

"Of the evils of dress the corset is the most serious, and consequently the first to be attacked. Since the 'Bloomer' days a few earnest men and women have carried on the dress reform struggle, but their progress has been slow. If you do not believe it spend a little time at the corset counter of one of our large stores. You will find that they keep sixty or more different makes of corsets and that fifty of these are probably sold to one 'health-waist.' It is estimated that a woman by

her injurious style of dress is doing as much to destroy the race as man is by alcoholism. Would that every man, be he doctor or not, who still admires a trim figure without a wrinkle, and evinces disgust or indifference to any dress reform movement, could be compelled to don a corset with only fifty pounds pressure, a tight dress with two long skirts hanging from the waist, narrow-toed, high-heeled boots, a hat with a crown four sizes smaller than his head, and a veil bestrewn with the most bewildering dots. Then I would let him walk two or three miles and go up stairs a dozen or more times with his hands full. After such an ordeal, if he survives it, I think he would be ready to work for the cause with as much zeal as has ever been expended upon the prevention of cholera or tuberculosis. What can the doctors do about it? They can do much if they work together."

* * * * *

Our American friends seem to be quite incapable of understanding what, in transatlantic phraseology would be described as, the "real inwardness" of the opposition raised here to a *Directory* published by a firm of chemists, and persist, in consequence of this their want of comprehension, in describing it as a "concession to allopathy." Says the *North American Journal of Homœopathy*, "the people have a right to know where a reputable homœopathic physician may be found." No one here disputes the proposition. It was to secure such a list that Dr. Percy Wilde, in advocating the list of members of the British Homœopathic Society as an authorised list, said "a list of members of a society could only include those who had been elected, while it would be impossible to exclude from a *Directory*, however carefully edited, names which we might not like to have side by side with our own. A man would have a legal right to demand the inclusion of his name unless he had been struck off the Register. Let it be a list of a society so that we may have some control over it." We wish our list to contain the names only of men for whose "reputable" character we have some guarantee. If any of our American colleagues respond to the suggestion of the English correspondent of the *North American*, and write their "ideas on the subject;" we hope that they will send them to the *Homœopathic World;* we have had too much space occupied with a discussion that is barren and unfruitful already to be able to provide opportunity for its further continuance.

* * * * *

We regret to notice in the journals from the United States an announcement of the death of Dr. Samuel Swan, of Brooklyn, in the 78th year of his age. Both as a physician

and a pharmacist Dr. Swan was especially well known by his eccentricities, and his earnest advocacy of eccentric methods. Apart from these, no one was held in higher esteem for his honesty of belief, general intelligence, and courtesy to all.

HOMŒOPATHIC PHYSICIANS IN THE UNITED STATES.

In a paragraph entitled "The Municipal Distribution of Homœopathy," the New York *Medical Record* makes the following estimate of the relative proportion of homœopathic and non-homœopathic physicians in a few of the principal cities of the American Union. What the editor means by a "simon pure homœopath" we do not know; and the exhibition of "homœopathic signs," whatever they may be, is confined, so far as we are aware, to homœopathic chemists and dispensaries; consequently the absence of such indications of the therapeutic doctrines entertained by the medical men of New York affords no opportunity for estimating the number of those whose faith is reposed in homœopathy:—

"Cleveland, O., seems to be the garden-spot of homœopathy if we may judge from the statistics given in *The Cleveland Medical Gazette*. Out of a total of 527 physicians, 139, or twenty-six per cent., are homœopaths. In a few Western cities, such as Cincinnati, Indianapolis and Columbus, the percentage is about six, but in the majority the average is much higher. Thus Chicago has 348 homœopaths out of a total of 2,700, or twelve per cent.; Detroit, 59 out of a total of 482, or twelve per cent.; St. Paul, 26 out of a total of 200, or thirteen per cent.; Minneapolis, 46 out of 328, or fourteen per cent.; Pittsburgh, 54 out of 388, or fourteen per cent.; Allegheny, 17 out of 156, less than eleven per cent.; Philadelphia, 346 out of a total of 2,380, or fourteen per cent.

"In New York City, the simon pure homœopath is rare, and very few homœopathic signs are to be seen. Among 3,400 physicians, probably less than ten per cent, are homœopaths, as against fourteen per cent. in Philadelphia, and twelve in Chicago. The disappearance of all strife between so-called schools has, no doubt, had much to do with this. The distinctions between the schools are daily becoming more nominal."

THE TREATMENT OF ESSENTIAL PAROXYSMAL TACHYCARDIA.

The following is from the advance sheets of Dr. E. M. Hale's new work on *The Practice of Medicine*, now in press. He defines the disease in question as "a neurosis, characterised by irregularly recurring paroxysms of violent, rapid and

forcible beating of the heart, sometimes subsiding suddenly, at others running into a condition when the action of the heart becomes feeble, rapid and sometimes irregular, with a tendency to cardiac syncope."

Treatment.—In the treatment of essential paroxysmal tachycardia we have to consider, (1) the management of the paroxysm itself; and (2) that of the intervening periods in order to prevent their recurrence. During the paroxysm the patient should rest in bed or on a lounge—sometimes in a reclining chair, as fainting often occurs. All movement and exciting emotions should be avoided. Because the paroxysms cause nervous patients to be frightened, they should be assured in a decided manner that no danger need be feared if they keep quiet during and for some hours after a paroxysm. It is best not to examine the heart by percussion or with a stethoscope, as it causes the patient anxiety, and often excites or aggravates a paroxysm. The ear can be applied to the chest and will give us all the information we need. The remedy selected should be indicated not only by the subjective symptoms but by the pathology. If the heart is structurally sound and the cause is purely neurotic, we shall find in *aconite*, *asafœtida*, *belladonna*, *aurum*, *amyl*, *coffea*, *castoreum*, *cannabis indica*, *cactus*, *camphor*, *coca*, *crocus*, *glonoine*, *ignatia*, *kalmia*, *lachesis*, *moschus*, *nux vomica*, *pulsatilla*, *sepia*, *spigelia*, *spongia*, *scutellaria*, *tarantula*, *sumbul*, *valerian*, *veratrum album*, and *veratrum viride*, appropriate remedies. Dr. Snader, in his Repertory (Hale's *Diseases of the Heart*), gives the concomitants, &c. The mental symptoms connected with the paroxysms are very important. Such is the power of "suggestion" upon the nervous system that we cannot always know how much the medicine has to do with the arrest of the paroxysms. The belief of the patient that you are giving something to relieve will often aid in arresting them. This is especially the case in hysterical tachycardia. Choreic tachycardia has paroxysms which are very difficult to control. While *spigelia*, *cimicifuga*, *hyoscyamus* and *arsenic* will cure the chorea, it requires *chloral hydrate* or *bromide of sodium* to arrest the paroxysm. Some paroxysms are notable for the violent, forcible, heaving action of the heart. In such cases *veratrum viride* in doses of one drop every half-hour will often arrest it, after a few doses. *Veratrum album* in smaller doses is often equally efficient. One of the most interesting and violent cases ever treated by me was in a man addicted to whisky, tobacco and excessive venery. I tried many medicines without avail during the paroxysms, and always had to resort in the end to *opium*. Twenty drops of *laudanum* always arrested them in fifteen minutes. None of the heart tonics of

the *digitalis* group should be used unless there is dilatation or weakness of the heart. They are powerless, or aggravate in purely neurotic paroxysms. They do not cause palpitation in a normal heart in which they are neither homœopathic or antagonistic. In the literature of this subject some singular remedies are recorded. One patient was able to delay the paroxysms by taking a deep inspiration and then suspending breathing as long as possible. (This I have several times verified). Nothagel thinks that a deep inspiration exerts a strong stimulus on the pulmonary fibres of the pneumogastric. This stimulus transmitted to the medulla excites the activity of the inhibitory cardiac centres. Dr. Wood reports a patient who could arrest the paroxysm by swallowing cold water or hot coffee. These probably act on the cardiac centres through the nerves of the stomach. Compression of the vagus in the neck, at the level of the thyroid cartilage, was successful in slowing the heart in several cases. In one of these cases the carotids were compressed and the patient fainted. Afterward the carotids were avoided, the pressure being applied behind them, and the attacks were arrested. Brieger tried this method and was able to reduce the pulse from two hundred and fifty beats to eighty in the minute. This effect, however, only lasted during the continuance of the pressure. Pressure on the right ovarian region also slowed the pulse, causing at the same time marked cyanosis.

In patients who have during the paroxysms, cyanosis with a cold, clammy skin, forcible dilatation of the sphincter ani wil quickly restore the capillary circulation and relieve the heart.

The radical treatment should be directed to the nervous system; the object being to regulate the irregular action of the nerve centres which control the heart. The use of *opium*, *morphine*, alcohol, tobacco, coffee, and tea should be prohibited or closely restricted. All intense business or emotional excitement must be avoided. Without giving special indications for all the medicines useful, I will suggest that *ignatia*, *aurum*, *nux vomica*, *strychnine*, and *ferrum* are the most useful. Their use should be continued for weeks or months if we expect to make permanent cures.

Since the above was written a typical case came under my care. A woman aged fifty has had paroxysms since girlhood, commencing with violent and rapid beating of the heart; pulse quick—150 to 170—and hard. As the paroxysm progressed the force of the heart's action decreased, until the pulse became very weak, and difficult to count by reason of its rapidity. When called to attend her in her last paroxysm, which had lasted forty-eight hours, she had taken *cactus*, *ignatia*, and *convallamarin* without arresting it. The pulse was extremely rapid and weak. *Glonoine*, one drop of the

one per cent. solution every two hours, alternated with four drops of the tincture of *digitalis* every two hours, was given; after six hours the pulse was fuller and stronger, 120 per minute. The medicine was suspended twelve hours, when, the pulse being the same, the medicine was given two hours apart, when it soon became normal. In a subsequent paroxysm in the same patient, when the action of the heart had become very quick, feeble, and rapid, other remedies having failed, *spartiene sulphate* 1x. one grain every half-hour, restored the normal action of the heart in three hours. This drug when properly selected acts quickly and favourably. It seems to act specifically upon the retardator nerves which govern the action of the heart. It does not regulate the rhythm like *digitalis*, but slows the heart and restores its normal frequency.

Dr. Poulet, of Plancher-les-Mines, has recently found a remedy for paroxysmal tachycardia in a little-known plant indigenous to Alsace, which appears to exert a rapid and beneficial influence over the paroxysms. The plant in question is the *coronilla varia*, or *faucille*, which, like some other species of coronilla, is sometimes used as a household remedy, being considered to have cathartic and diuretic properties. Some recent researches by MM. Spillmann and Haushalter on a closely allied species, *coronilla scorpioides*, showed that that plant acts as a powerful heart tonic, causing an increase in the arterial tension and in the fulness of the pulse, exciting diuresis and diminishing œdema and dyspnœa, acting, in fact, very similar to *digitalis*. Dr. Poulet was induced by these researches to make trial of *coronilla varia* in heart cases. He employs a tincture made from the entire plant, also a powder made from the flower. The dose per diem of the tincture is from half a drachm to a drachm, and that of the powder from fifteen to thirty grains. These preparations, though they have a strong characteristic odour, are not nearly so disagreeable to the taste as those of *coronilla scorpioides*. Details are given of two very severe cases in which these preparations of the *coronilla varia* gave almost immediate relief. M. Poulet recommends this drug also in other heart cases where *digitalis* has been used, and where it seems to have been given for too long a period, or, as sometimes occurs, where it has begun to act on the gastro-intestinal canal.

PROPER BREATHING MOVEMENTS, A PREVENTIVE OF CONSUMPTION.

Dr. Thomas J. Mays, in the *August Century*, writes:—I think it is evident that proper development and expansion of the lungs by means of well-regulated breathing must be regarded as of the greatest value in the prevention and in the treatment of

the inactive stages of pulmonary consumption. The more simple the method, the more effective and practical will be the results which flow from it. Among the many exercises which are recommended for this purpose, the following movements are very valuable. The arms, being used as levers, are swung backward as far as possible on a level with the shoulders during each inspiration, and brought together in front on the same level during each expiration. Or the hands are brought together above the head while inspiring, and gradually brought down alongside the body while expiring. A deep breath must be taken with each inspiration, and held until the arms are gradually moved forward or downward, or longer, in order to make both methods fully operative.

Another very serviceable chest exercise is to take a deep inspiration, and, during expiration, in a loud voice count or sing as long as possible. A male person with a good chest capacity can count up to sixty or eighty, while in a female, even with good lungs, this power is somewhat reduced. Practice of this sort will slowly develop the lungs, and the increased ability to count longer is a measure of the improvement going on within the chest. Or, again, the taking of six or eight full and deep breaths in succession every hour during the day, either while sitting at work, or while walking out in the open air, will have a very beneficial effect.

The breathing of compressed or rarefied air is attracting wide attention at the present time in connection with the prevention and the treatment of pulmonary consumption, and is another mode wherewith the chest capacity can be decidedly improved. When air is breathed in this manner, there is felt during each inspiration a gentle distension of the whole chest, while during expiration a feeling of emptiness is experienced.

Consumption is not a disease which originates in a day, but it is the outgrowth of morbid habits and agencies which may even antedate the birth of the individual. Defective breathing is one of these habits, and its pernicious prevalence is more wide-spread than is generally supposed.—*N. Y. Med. Times.*

PARACELSUS'S QUARCENTENARY.

The 400th anniversary of the birth of Theophrastus Paracelsus von Hohenheim, the father of German therapeutics and natural science, was celebrated in his native village, Maria-Einsiedeln, in Switzerland, on November 26. There is some uncertainty about the date, however, for in some quarters December 17 is given as the philosopher's birthday, but the Novembrists hold the balance of evidence. Paracelsus was

body-physician to Archbishop Ernest of Salzburg, Austria, and died (it is supposed, by a murderer's hand) in the residential city of that prelate on September 28, 1531. His monument may be seen in the Church of St. Sebastian, in Salzburg. Much of the career of Paracelsus is wrapt in obscurity; but it would seem that his father, a native of Suabia, was a physician by profession, and that Paracelsus himself, after many years of wandering life, was engaged from 1526 to 1529 as city physician and professor of medicine in Basel. He left there in consequence of quarrels with his colleagues, and again began to roam over Europe, practising his profession and effecting many cures, the fame of which preceded him everywhere. Finally, he drifted into Salzburg, where he remained until his death. Judging by the skeleton still preserved in Salzburg, Paracelsus was almost a dwarf, his height being barely 4 feet, Contemporary writers picture him as a weak-voiced, child-faced mannikin. Paracelsus was the first to introduce chemical preparations into pharmacy, and the author of the saying—naturally looked upon as heretical in those days—that the true use of chemistry was not to prepare gold, but medicinal remedies. Until Paracelsus used them, mercurial and lead preparations, salts of antimony, milk of sulphur, sulphate of copper, and iron combinations had not been employed in medicine, and the philosopher's demonstration that even the most virulent poisons might sometimes prove valuable remedial agents was the foundation of modern pharmaco-therapy.—*Chemist and Druggist.*

BOSTON MEDICAL LIBRARY MAR 2 4 1915

OPENINGS FOR PRACTICE.

We have recently received letters from correspondents in Sunderland and Southend. Both towns are in need of a homœopathic practitioner, and introductions are promised in each case to an active and intelligent man. We shall be glad to give particulars to enquirers.

Also in Kingston, Jamaica, there is said to be an excellent opening there. A member of the Legislative Council will give full information, if enquirers will apply to us for his address.

CORRESPONDENCE.

HOMŒOPATHY AT THE PRESENT DAY.

To the Editors of "The Monthly Homœopathic Review."

Gentlemen,—In addition to the many friends to whom I wrote, prior to the recent Homœopathic Congress held in this town, and who in so large a number attended it, one friend, who did not come, very courteously and fraternally replied

that for several reasons, which he named, he was very sorry he could not do so. That gentleman is a very able practitioner of homœopathy and of good reputation, and as the reasons which he assigned for not coming bear largely upon homœopathy, its avowed adherents and professional exponents, I feel justified in laying the substance of his remarks before my colleagues. On the other hand, as his remarks were made to me in my private capacity as his friend, and as I have not asked for, or received his permission to make them public, I shall not give his name, neither shall I relate all his objections, nor copy his words, especially as he wrote with great warmth of expression, his "*heart having been hot within him*," like that of "*Hiawatha*;" in short, "*under the circumstances*," I shall say nothing that may lead to his recognition, as doing so might cause him pain, and me the loss of his friendship.

The main points of his contention were, that "*the present state of homœopathy, the practice generally, of professional homœopaths, especially as carried out in our hospitals; the work of our societies, and of one in particular, together with our periodical homœopathic medical literature, were one and all largely deficient in deference to the teaching of Hahnemann and to the requirements of homœopathy, and at the same time sadly contrasted with the practice and teaching of thirty years ago.*"

Those of my colleagues who know me, will believe that I could not allow these strictures to go unchallenged, and that I replied in a manner not to be misunderstood, but saying that I only spoke for myself without presuming to commit anyone else to the conclusions I expressed. The following represents my reply (in bare outline), for I kept no copy of it, and now write solely from memory; further, I have here supplemented it to a *slight degree* from an additional *review* of the points in dispute:—

My Dear Colleague,—The personal regard and respect which I have for you as a homœopathic practitioner, is such that it must be confessed it is with *pain* I largely differ from the views which you have enunciated. On the other hand, on behalf of homœopathy, the well-being of which we equally desire, for the sake, too, of our colleagues generally, *I greatly rejoice* that with a calm and open mind I oppose your views, and am prepared to traverse nearly all you have said upon the present state of homœopathy, its institutions, and the therapeutics of so many of our colleagues, as well as upon other matters to be noticed anon. Moreover, I can do this from a standpoint of observation which, in point of time, is earlier than your own, and from a field quite as wide in extent. Hence, while I claim no greater power of induction than

yourself, I hope that my remarks may command your respectful attention.

Before presenting my observations to your notice, and while my friend, Dr. Dudgeon, and other colleagues, would be able to speak from a fuller knowledge and judge more correctly than myself, I would here point out somewhat my sphere of vision. For about ten years prior to my becoming a legally qualified practitioner of medicine, I studied the various aspects of homœopathy, read and well digested *The Organon of Medicine*, by our Master "Samuel Hahnemann," of immortal fame, became acquainted with the pioneers of our faith, witnessed the practice of Dr. David Wilson and Dr. John Epps, attended Dr. Epps's lectures on Materia Medica, and subsequently for many years endeavoured to tread in their footsteps. I have, moreover, read nearly all that has been written in this country in relation to homœopathy; for thirty-three years I have been a member of the British Homœopathic Society, frequently attending its meetings, while, as largely as possible for a country practitioner, I have made myself acquainted with the medical practice of the London Homœopathic Hospital in its early as well as in its latter days, and lastly, I emphasize the fact, that I have had the great pleasure of a personal acquaintance and warm friendship with as large a number of our colleagues as falls to the lot of most men—a friendship which I hope to retain till death do us part.

From this standpoint of observation, and in no spirit of vain glory, but feeling it to be one of great privilege, I am sure that you will allow that I am not ignorant of the points in dispute, or of their general influence, and I now say, in answer to your criticisms and objections, that remembering as I do, the number of men in our ranks, of large mind, scientific attainments, and critical thought, who, forty-five years ago, were, and who in subsequent years have been with us, and leaders in the van, but whom we all regret are with us no longer, yet whose work and our remembrance of their worth will never die, remembering these, I nevertheless contend, in opposition to your views, that a larger number of men have risen up who have filled the places of their fathers, doing honour alike to their memory and to the cause of homœopathy, by reason of their genius, their scientific attainments, and skill as physicians and surgeons.

Further, while these men are not the very *same in thought and practice* as their predecessors, but men who have broadened out, and made an intelligent use of the opportunities afforded for perfecting themselves in the art of healing, a fact which you seem to deplore, I rejoice in it, for

had they not done so, they would have been merely stunted reproductions of the past, instead of being what they really are, more fully developed men. Many of them, doubtless, take less heed to the subjective symptoms of disease in choosing a remedy, and are less pedantic in their methods than the earlier homœopaths. This may be true, still I contend that, taking them generally, they, equally with their predecessors, seek for the *similimum*, in medicine, to the whole phenomena of the disease before them, including subjective and objective symptoms, and derive aid from some side lights obtained by pathological research; for this reason they are sometimes designated "*Pseudo Homœopaths*," and are regarded as being untrue to our faith. In this criticism I am directly at issue with their censors.

During the last ten or twenty years or so, you are aware, that the sciences of biology, physiology and pathology have made great progress, and although they are very far from perfect, they cannot be neglected in the present day, even by homœopaths, without great loss, and here the present race of practitioners have an advantage over the earlier race. Indeed, I believe that from all we know of our great master, Samuel Hahnemann, who searched for truth in every quarter, and critically examined all the evidence of alleged facts, that had he been living now, he would have accepted much of the teachings of the sciences I have just named. Of course there is danger lest these aspects of enquiry should occupy too large a place in the minds of the latter-day homœopaths, and that a few are in some measure led away from the true and proven, to that which is still *sub judice;* but so far as my observation has gone in relation to our men, I believe for the most part, they have taken up these wayside teachings, not only as supplementary, but in *intimate connection with* the doctrine of "*similia similibus curentur*," and by no means as displacing this pole star in the practice of medicine, but which you on the other hand believe they have done and derogatory to homœopathy.

You object to the greater number of surgical measures, resorted to by the present day homœopaths, and the preponderance in noticing this branch of practice by our periodical medical literature. I admit the charge, and at the same time defend it, while I allow there is danger here to be guarded against, for if surgical measures should ever displace the *rightful* sphere of medicine in the cure of disease, no one will regret it more than myself, inasmuch as I have always been, and still am, a strong advocate for medicine instead of the knife, for such morbid growths and other conditions as are amenable to medicinal treatment, from which, moreover, as

is well known, I have had very satisfactory results. At the same time I am equally convinced that many more lives might have been saved, and suffering shortened in the past, had surgical measures been more frequently resorted to.

In relation to this matter, I moreover suggest that the increased number of surgical operations, by our men at the present day, many, too, of a pronounced and difficult nature, and absolutely needful for the saving of life, that this is due, not so much to the fact of our colleagues being fond of that branch of treatment and neglectful of homœopathic therapeutics, but because thirty or forty years ago, more or less, we had very few operative surgeons of skill and experience, while now we have many who are as skilful as any in the old school, and whose surgical measures are often followed by greater success, because they have been combined with true homœopathic medicinal treatment. Here, moreover, I remark in opposition again to your views, that our periodical medical literature is not to blame for recording the great advance in the direction just named, for the editors ought not to neglect noticing everything in connection with the present day practice on our side, but while they do this, I further contend that there is as large an amount of therapeutic and clinical information in relation to homœopathy in our journals as they have at any period afforded, and at the same time that it is, on the whole, far more sound and complete.

Finally, while it is right to hoist the danger signal, when danger is imminent, in order to guard against excess or deficiency on one side or the other, yet if it is hoisted without due regard for the requirements of the case, then, I say, farewell to all progress in the science and art of medicine, as well as in everything else, inasmuch as there is always danger attending the proving of things, which we are called upon as men to do, and in a dauntless spirit.

Your views, my friend, are very pessimistic in relation to homœopathy. Mine are the very reverse, inasmuch as I believe that at no time were our hospitals so well officered as now, never was there so much satisfactory work done in them, never before were our medical societies and literature bearing such good fruit, and never were our medical practitioners so well equipped intellectually, while being true to the cardinal principle of our faith as at the present time.

Believe me, sincerely yours,

A. C. Clifton.

Northampton.

VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—Owing to a mistake of the newsagent I have only just seen Dr. Clifton's letter to you in answer to mine in the October number. Passing by his inexact description of the vaccinal prophylaxis as "medical treatment," I would point out that there runs through his letter a tacit assumption that the anti-vaccinist creed is that "to be unvaccinated is to be secure from small-pox." This is quite baseless. Anti-vaccinists look to sanitation, isolation, and healthy living, as the safeguards against small-pox and all the zymotic diseases.

The thesis that Dr. Clifton has to maintain is to be found in Dr. (now Sir John) Simon's "Papers" printed as an Appendix to the Parliamentary Committee's Report, ordered to be printed by the House of Commons, on the 23rd May, 1871. These papers were the means of the passing of the Vaccination Acts, and on page 51, speaking of cow-pox as "variolæ vaccinæ," he says: "On the conclusion of this artificial disorder, neither renewed vaccination, nor inoculation with small-pox, nor the closest contact and cohabitation with small-pox patients, will occasion him to betray any remnant of susceptibility to infection." This is the guarantee on which the Vaccination Acts were passed, and without which the Acts would not have been passed.

It is therefore beside the question to say that "112 children (*unvaccinated*) have been in the hospital, 95 have had severe attacks—many of them disfiguring and loathsome to the highest degree. Of these 95 severe cases, 14 have died." As there are next to no vaccinated children in Leicester it is an inevitable result that cases should chiefly occur among them. When small-pox comes among an unvaccinated population its victims cannot but be unvaccinated. And some of the "vaccinated" had left the hospital before they were vaccinated. But Dr. Clifton has to admit that when all were vaccinated in 1872, there were 8,000 cases (chiefly, as a necessity of the conditions, vaccinated) and 346 deaths. With a nearly doubled population now, there should have been many more than 6,000 cases and 692 deaths among so unvaccinated a population. And to account for the anomaly revealed by the fact that there have been but 300 cases and 17 deaths (a saving of at least 5,700 cases and 675 deaths), he promptly throws overboard the (absent) vaccination, which even he cannot have the hardihood to allege as *causa causans*, and attributes the undeniable improvement to—Isolation! He says, "It is unfair to compare Leicester, 1871—2 (well

primarily vaccinated as regards adults and children) *without isolation*, with Leicester 1892-3 (well primarily vaccinated as regards adults, but unvaccinated as regards children) with the strictest *compulsory* isolation." But the primary vaccination of adults has long since worn out at Leicester. So that isolation alone has saved this unvaccinated community. Where then does the case for vaccination come in? And I would incidentally point out that, as Mr. Picton stated in the House of Commons (see *Times*, of 23rd July, 1887) there is no power to enforce "the strictest compulsory isolation" at Leicester. In fact complaints have been made that some inhabitants of Leicester refused to submit to removal, and have (wisely) nursed their small pox at home. I should not myself like to be treated in any hospital in which homœopathy and hydropathy are as odious as a healthy child.

But Dr. Clifton seems to be unable to take a general view of the question, or the case of Sheffield, 1887-8, must have arrested his attention. There we had a thoroughly "protected" population, under a strict system of isolation, and "the borough had provided itself in 1880 with a hospital for infectious diseases in a central position, and so it was able to seclude almost all of the earlier small-pox cases that came to the knowledge of its Sanitary Authority."* Here was Dr. Clifton's ideal community, vaccinated up to its eyes, isolated all it knew, guarded by Public Vaccinators who, for the excellence of their work, had, in ten years before the epidemic, been paid out of the rates £2,603 in bonuses, in addition to the fees (probably £26,000) for vaccination itself. Did this community fare better than Leicester? It was rewarded for its conformity with Dr. Clifton's ideal with 7,001 cases and some 686 deaths. Why this terrible penalty in this vaccinated, isolated, community? Sheffield was in a deplorably insanitary condition, despite its splendid natural site. Leicester is fairly clean, in spite of its wretched water-logged clayey site. Vaccination is obviously irrelevant.

I need not say to homœopaths that in medical matters scientific precision is absolutely necessary. When a medical man prescribes *antimonium crudum* 18 (for instance) he would not be content with the sixth decimal of some haphazard mixture supposed to contain some antimony. It is of the last importance that vaccinists should define with accuracy the virus with which they work. When Dr. Clifton says "I am of opinion that a cultivated vaccine virus, whether from a human or animal source, is a sure protection from small-pox," he surely cannot really mean that any matter out of any

* See introduction to Dr. Barry's Report, page xi.

artificial sore, on man or beast, is efficacious? If not, he should explain which is the wonder-working virus of the many in use which he relies on.

As to Evelyn Kerrad's case, I find, on referring to a report of the meeting of the Leicester Town Council (at which Alderman Clifton was present) on the 30th May last, that Councillor Biggs quoted the Minority Report of the Sanitary Committee on the lamentable mistake (which Dr. Clifton does not deny) of putting her in close proximity to chicken-pox and scarlet fever patients, as saying, "we are of opinion that the foregoing errors were not only the cause of the outbreak of small-pox in the hospital, but that they led to the spread of infection there, which unhappily resulted in four deaths." Alderman Clifton did not contradict this at the time, and it seems a reasonable conclusion that he could not do so. In the same speech, Councillor Biggs said, "There was another statement to the effect that there were only eight cases of re-vaccinated persons, but he found there were at least 18 or 19 cases of revaccinated persons." Again Alderman Clifton remained silent. At that Council meeting there was that accurate knowledge of the facts which cannot be looked for among your readers.

As to Mr. Clarke's case, I believe him in preference to an anonymous "official" report. When this latter is published it will be time enough to consider whether the official *ex post facto* negative outweighs the victim's own affirmative evidence.

When Mr. Summers, M.P., died of malignant small-pox it was trumpeted forth by the allœopathic press that he was unvaccinated. When the vaccination certificate was produced it was alleged that he died for want of re-vaccination. When his brother stated that he had been re-vaccinated it remained for Dr. Clifton to quote an anonymous "friend of mine" to prove the necessary *ex post facto* negative. Shade of Hahnemann! Is it a disciple of yours, trained in our exact school, hourly warned of the need of scientific precision, with the horrid examples of loose thinking prevalent among polypharmacists ever before his eyes, who comes forward to defend the prophylaxy of a lymph which he cannot define, and adduces its failures as a proof of its efficacy? I must not encroach further on your space, but would just ask, if re-vaccination protects nurses, why does it not protect our soldiers and sailors? Its failure in our army and navy are patent.

Yours faithfully,

A. Phelps.

Edgbaston, 19th October, 1893.

LONDON HOMŒOPATHIC HOSPITAL.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The annual report of the London Homœopathic Hospital for the year ended March 31st last gives full and, I hope, interesting details of a year's work at this hospital and a complete statement of its position and prospects. The progress of the new building works and the state of the building fund naturally claim a good share of attention; but many statistical details should be hardly of less interest.

About this time last year the uncongenial duty fell upon me, as secretary-superintendent, to correct some erroneous figures published in a hospital journal concerning the proportion which the administration expenses of the hospital bear to the maintenance expenses.

"Maintenance" means the actual cost of maintaining the charitable medical work; "administration" means the actual expenses of management, official work, the cost of inducing and collecting subscriptions and donations, of the constant necessary labour of supervising economy and checking any tendency to unnecessary expenditure, and of conducting the year's work of the whole establishment.

The fair standard proportion of administration to the total expenditure of any hospital has been variously stated as 10 per cent. and 13 per cent.; the circumstances of different hospitals are, however, so varying that he would be a bold person who should attempt to lay down a hard and fast rule. But it will be allowed that the managers of a hospital may congratulate themselves when the percentage is lower than the lowest recognised allowance; especially when the activity of the medical and official departments is second to none other hospital of a similar capacity.

The percentage shown in this forty-third annual report is 9.428. The moderateness of this percentage is apparent on comparison with the percentages of hospitals averaging about the same number of patients daily as our own hospital. I have taken out the figures of ten such hospitals from the statistical returns of the Hospital Sunday Fund. Of these ten hospitals the lowest daily average number of patients is 35; the highest 68; yielding an average daily occupation of 49, as compared with 53 the actual daily occupation of the London Homœopathic Hospital during the year under notice. The comparison is, therefore, a reasonably fair one. The lowest administration percentage of these hospitals is 12.722; the highest 20.000; the average 17.695—which is almost double that of our own hospital.

The smallness of our own percentage does not, however, render justice to a management which is incessantly engaged

in the toilsome and not always agreeable task of endeavouring to reduce expenditure, and of keeping it within the income. The more you reduce your expenditure the higher becomes your percentage of administration, though the actual amount undergoes no change; the more you increase your expenses the lower becomes your administration percentage. Many hospitals declare for the past year an expenditure considerably beyond their receipts, and although even then, most of them show a much greater percentage of administration than the London Homœopathic Hospital, yet in order to establish a fair comparison, it should be assumed (for a moment) that the management of this hospital had pursued a similar course, sometimes inconsiderately advised, of spending, say £2,000, more than they had received. This would bring the management percentage down to 7.079.

It may be wondered why with a present satisfactorily low percentage I should indulge in hypothetical statistics. The reason is this; the absence of a huge debt decreases the Hospital Sunday Fund award to this hospital. During the last few years, in proportion as the income has been increased to meet the ever increasing work, while the expenditure has been carefully regulated, the Hospital Sunday Fund award has gone down from £250 to £156. In this current year it has gone yet lower to £122. Even when it was £250 there were excellent reasons, by comparison with other hospitals, why it should have been more. But that it should grow less on account of careful management is the most ironical testimony to efficient control which could be received. The forty-third report says:—

"The award to the hospital from the Metropolitan Hospital Sunday Fund has been £156 5s., about the same amount as last year, but considerably less than the awards of a few years ago. That of the Hospital Saturday Fund has been £133 17s., considerably higher than in any previous year. The Hospital Saturday Fund award is made for work done, and for efficiency with economy, and its marked increase affords a gratifying and impartial proof of the careful and effective management of the hospital. The Sunday Fund award is made on the grounds of necessitousness, and its striking decrease is on equal, but not such a satisfactory, testimony to the soundness of the financial control. The Board, while fully appreciating this negative recognition of their constant efforts to preserve the hospital from a disastrous state of debt, and always grateful for the awards from the Hospital Sunday Fund, cannot shut their eyes to the fact that if the awards were made like those of the Saturday Fund, for work accomplished, for efficiency and for economy, the hospital would

receive £460 instead of £156, while if made in proportion to the grants of the Sunday Fund to some other hospitals the award would reach a total nearer £700."

The percentage of administration last year was, as I have said, 9.428, and the hospital showed a deficit of £551, being, in fact, a deficit devolving from former years. The Sunday Fund again reduces its grant. But supposing the hospital had spent £2,000 more than its income, down would go the administration percentage to 7.079. Whereupon it would gain sympathy for indigence and credit for much virtue in administration, the virtue consisting in actual fact of the unwise procedure of spending £2,000 more than it had a right to spend. In one respect it would closely resemble virtue—bringing its own reward. For the Sunday Fund, observing its "necessities" to be great and its administration costs small, would increase its awards on both counts. Not being managed on such meritorious lines, but simply on the old-fashioned principle of keeping, as far as possible, out of debt, the hospital has to look for its reward in the consciousness of virtue of another kind.

Mr. Stilwell, the chairman, expressed at the annual meeting his strong conviction that even the prospect of an additional £100 a year from the Sunday Fund would not justify the hospital in plunging into financial difficulties, and qualifying for the sympathy which is doled out to the insolvent.

There can be no doubt that with its larger building and its greatly increased work the hospital will have need of all the financial stability which has been the growth of so many years' steady perseverance in the financial principles which have resulted in its present position, and have, without doubt, encouraged and stimulated its generous friends to entrust considerable sums to its trustees for the building up and maintenance of its charitable work. There can also be no question whatever that nothing disposes those who have donations to bestow, or legacies to leave, to award them to this institution more than the knowledge that the funds placed in the hands of the management will not be incontinently disbursed, but will be conserved to broaden the basis of the position and the operations of the hospital, and to provide in annual income the "sinews of war" for the larger work yet to come. To maintain the new building in full work I estimate that nearly £10,000 per annum will be necessary; and, while (reverting to the above figures) such an expenditure will reduce the much scrutinised percentage of administration to an insignificant figure, it is clear that the hospital will require all the new subscriptions, donations and legacies which those who have benefited by homœopathy

can bestow upon it. Particularly, as the income is not quite £6,000, a very large increase in annual subscriptions will be necessary.

Yours, &c.,
G. A. Cross,
Sec.-Superintendent.

London Homœopathic Hospital.

ON PATHOLOGY.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—Was there not a little want of practical accuracy in the use of the term "pathology" at our Congress? If the term applies to "morbid anatomy," the knowledge gained in the post mortem room, I think we are right in saying that for the immediate selection of remedies we can gain very little from this branch of science, since from it we learn the final, necessarily fatal, and gross results of disease action, the finer, curable and earlier stages of which are, in the post mortem, entirely passed by and destroyed; I do not mean that morbid anatomy is unnecessary to us, it is an integral part of our education, but it teaches us our failures, and, so far as therapeutics are concerned, is of little use.

But, if the term mean the study of perverted physiological function, by means of which we refer each symptom (drug or disease produced) to its organopathic seat, surely we cannot do without it, or should at least work earnestly that in the future we can rely upon its leading. I do not mean that we are to build up theories of the "how" of drug action, or of disease effects, in order to select our drugs; but at least we must aim at first of all ascertaining the "seat" of the disease and of the drug action. The greatest advantage we have over the old school is that we can work in independence of the shifting theories of "how" disease or drug act; we give place to no man in our wish to know this "how," but we can, if we know the "where," at once find ourselves in a group of medicines, one of which will be the nearest to a cure that can be found; having attained this position, we turn to purely personal subjective symptoms in the case before us, and thus narrow down the enquiry to the one drug indicated.

In the present state of our ignorance, there arise very often cases in which the symptoms are too indefinite to enable us to refer them to their physiological seat; if our patient be sufficiently intelligent to accurately describe the symptoms, we are again in a better position than our old school brethren; but the process of finding the remedy under these conditions is a far longer one, and we are working in the dark to a great extent; it is an indirect way of getting at the physiological

meaning of the symptoms, for a true picture of the totality of the symptoms will lead us to the physiological base of the disorder, *whether we recognise it or not;* I have been struck by the fact that half way through some laborious search for a remedy, with little but subjective symptoms to guide me, I find myself *entering some group of medicines, which are those applicable to some definite physiological state,* this discovery throwing light on my diagnosis, and leading me to recognise more accurately the real initial process which originated the disease; then the work is shortened, and the search narrowed down to plainer physiological lines.

These vague cases admitted, however, surely we should not try (as some would have us) to *reduce* all our cases to this imperfectly comprehended category, by intentionally shutting our eyes to the physiological and anatomical sphere of the disease or drug action; surely the more sensible and practical man will prefer to enter at once the main group of drugs applicable to the *seat* of the disease, with the picture or narrative of both disease and drug built in his mind upon physiological grounds, rather than to seek for his patient's total state, and the remedy indicated, disseminated in little scraps over hundreds of headings and pages of a dissected puzzle in a book of the kind so common amongst us! I find myself continually attempting in vain to collect these decomposed patients and drugs, in order to see the whole thing at one view. I am thankful that the new *Cyclopædia* has at last done this for us. Long ago we described our sick patients in narrative form, as a total picture; why should we cut them to little bits again when we want to prescribe for them, unless we are forced to do so by want of knowledge of what their total symptoms mean? I hope that I shall not be misunderstood in my reference to physiology; I do *not* mean the constructing of theories of disease action upon the results of laboratory experiments; the fallacy of such grounds for drug selection is quite sufficiently proved by the ever shifting fashions in medicine on the other side; we ought to have got beyond all that, but have we? I must quote, with due apology to the speaker, who is a personal friend of mine, an example of this line of reasoning which we heard at the Congress. Speaking of the homœopathicity of *ouabaïn* in pertussis, we were told that the drug paralysed, and even caused spasm of the vagus, in frogs, and might therefore cause pertussis. This is just what we ought to avoid; finding that the drug did good to cases of pertussis (as an allopathic sedative, I believe), a physiological theory is found to fit the facts. But what does a child look like who has "spasm of the vagus"? Did the frogs have pertussis? And is that disease due to "spasm of the vagus"? These are

samples of questions arising out of laboratory experiments as grounds for therapeutics.

May I also suggest that, as a body, homœopaths are apt to lose that "surgical instinct" which would often lead at once to some simple means of cure in many cases, removing the cause and curing the disorder, without any drugs, and where drugs would never do any good. Our allopathic brethren make only too good use of such instances; though we were pleased to hear of an example the other way, in Dr. Wolston's case of cough cured by syringing the ears, after the "bigger man," as Dr. Wolston so strikingly said, had failed with drugs.

Yours obediently,

GERARD SMITH.

REMEDIES IN ACUTE RHEUMATISM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have recently received a large number of letters from medical friends referring to the method of treatment which I employ for rheumatism, and which formed the subject of a recent communication to the British Homœopathic Society. In one, received from Dr. A. Campbell, of Adelaide, South Australia, *lycopodium* 3x., 3 grains every hour, is spoken of as the remedy which has given the best results in acute rheumatism in the writer's hands, and he expresses surprise that it has not been recommended for rheumatism and rheumatic fever.

I must confess that I have never used it in cases of acute rheumatism, but in looking through the provings of the remedy, I have been very much struck with the large number of symptoms given, which correspond with rheumatic fever of the asthenic type. He urges me to give the remedy a trial in conjunction with the methods I employ. I shall certainly do so, and think it is only right that I should report Dr. Campbell's suggestion. He also speaks very highly of *ac. muric*, 3x., in acute rheumatism. Like myself, Dr. Campbell has "practically surrendered *aconite* and *bryonia*." I have always felt that these remedies merely cover prominent symptoms, and leave the constitutional condition untouched.

My own favourite remedy has been *bursa pastoris*, which, like *lycopodium*, causes a deposit of uric acid or urates in the urine, from which we may gather that both stimulate tissue metabolism. I also usually employ one dose each day of *mercurius dulcis* in a low dilution, which I am sure produces a favourable effect upon the course of the disease.

Yours respectfully,

PERCY WILDE, M.D.

Bath, October 9th, 1893.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

Dr. GOLDSBROUGH has removed to Cedar Lodge, 133, Cold Harbour Lane, S.E.

The lady-graduate of Cleveland, U.S.A., feels aggrieved by the statement made at the Congress to the effect that she had had no medical education before going for six months to America, except the course of lectures at the London School of Homœopathy, and some hospital practice. She states that she has for years studied privately, and has the midwives' licence from the Obstetrical Society. We presumed that she and every one else would understand that the remarks referred solely to what is known as medical education, viz.: attendances at courses of lectures at a recognised medical school, and not to private study, which does not count. It is taken for granted that no one would venture to go up for an examination, without some sort of preparation or study, privately, if not at the regular courses of lectures.

Communications have been received from Dr. GALLEY BLACKLEY, Dr. COOPER, Dr. GOLDSBROUGH, Messrs. KEENE & ASHWELL (London).

BOOKS RECEIVED.

Therapeutics of the Serpent Poisons. By J. H. Clarke, M.D. London: Homœopathic Publishing Company. 1893.—*The Prescriber: A Dictionary of the New Therapeutics.* By J. H. Clarke, M.D. Fourth edition. London: Keene & Ashwell.—*Essentials of Homœopathic Materia Medica.* By H. A. Dewey, M.D. Philadelphia: Boericke and Tafel. 1893.—*Where to Send Patients for Water Cures and Climatic Treatment.* By Dr. Thomas Linn. London: Henry Kimpton. 1894.—*Bird's Eye View of Hahnemann's Organon of Medicine.* By J. H. Clarke, M.D. London: Homœopathic Publishing Company. 1893.—*The Homœopathic World.* London. Dec.—*Medical Reprints.* London. Dec.—*The Medical Week.* Paris.—*The Chemist and Druggist.* London. Dec.—*The Monthly Magazine of Pharmacy.* London. Dec.—*The Nurses' Journal.* London. Nov.—*The English Illustrated Magazine.* Christmas. London.—*Sylvia's Journal.* Christmas. London and New York.—*The North American Journal of Homœopathy.* New York. Dec.—*The New York Medical Times.* Dec.—*The New England Medical Gazette.* Boston. Dec.—*The Hahnemannian Monthly.* Philadelphia. Dec.—*The Homœopathic Recorder.* Philadelphia. Dec.—*The Clinique.* Chicago. Nov.—*The Minneapolis Homœopathic Magazine.* Nov.—*The Medical Argus.* Minneapolis. Dec.—*The New York Medical Record.* Nov. and Dec.—*The Journal of Ophthalmology.* New York. Oct.—*The Medical Advance.* Chicago. Nov.—*The Southern Journal of Homœopathy.* Baltimore. Nov.—*The Homœopathic Envoy.* Lancaster, U.S.A. Dec.—*Revue Homœopathique Belge.* Brussels. Nov.—*Revue Homœopathique Française.* Paris. Oct. and Nov.—*Archiv. für Homöopathie.* Dresden. Nov.—*Homœopathisch Maandblad.* Nederland. Dec.—*Leipziger Popüllare Zeitschrift für Homöopathie.* Dec.—*Rivista Omiopatica.* Rome. Sept. and Oct.—*La Homeopatia.* Mexico. Nov.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:o:—

ANTIPYRIN, ANTIFEBRIN AND PHENACETIN.

"The physician must have two special objects in view with regard to diseases, namely, to do good to his patient, or at least to do no harm."—Hippocrates, *Epidemics*, Book i.

The Therapeutic Committee of the British Medical Association have published, in the *Journal of the Association* (January 13, 1894), through their chairman, Dr. Leech, and their Secretary, Dr. W. Hunter, the results of an "Inquiry regarding the ill-effects following the use of *Antipyrin, Antifebrin* and *Phenacetin*." Their report is interesting from several points of view. These powerfully acting drugs have been in more or less constant use for several years, and it is only after the lapse of these years, and the completion of the thousands of experiments that have been made with them on sick people, that an effort is made to ascertain if any and what "ill-effects" are likely to result from their antipathic employment. Hahnemann's plan—a necessity of any attempt to carry into practice his law of drug-selection—was to ascertain before prescribing for the sick the "ill-effects" likely to ensue from taking the drug he proposed to prescribe. The method of the pharmacologist of the so-called orthodox school of to-day is different. From

laboratory experiments upon dogs, cats, frogs, rats and other animals, and from these alone, the structures upon which a new drug is found to act, the functions which it is seen to interfere with are determined. From such observations, it is assumed that it will exercise a certain control over the nervous system, or the circulation, or the respiration, or the functions of digestion, &c., as these physiological processes display themselves in human beings. The dose in which the new substance will safely operate is guessed at much in the same way. Thenceforward the clinical experiment is performed in hospital ward and private sick-room. Does a fall in temperature follow a dose of the new drug? It is an "antipyretic." Has your patient a febrile movement? Give him a full dose of the novelty and all will be well. Is the febrile movement sthenic or asthenic, is it sympathetic to pneumonia, suggestive of influenza, characteristic of typhoid, typhus or septicæmia? It matters not; give the most recent antipyretic. A high body temperature must be met by the antipyretic of the moment. Similarly with neuralgia and headaches; do the laboratory experiments indicate that the cerebral or spinal systems are stimulated or paralysed by the new substance? Then "try" it in neuralgia or headaches; it is not only an antipyretic, it is also an analgesic! It will dissipate the migraine, it will bring the neuralgia to a full stop. Some cautious physicians may have asked the enthusiastic pharmacologist of the laboratory whether the drug he wishes him to test the virtues of will have any "ill-effects," as well as the useful ones of lowering temperature and obliterating headaches in neuralgia? That is a question, he will reply, that can only be answered at the bedside. No experiments having been made upon human beings with the new drug, the symptoms it produces upon men and women, whether for good or for evil, are unknown; the sick room is the place to find those out, watch the action of the drug carefully. Against such teaching as this we do most emphatically protest. Patients are not fit subjects on whom to make experiments with new drugs. However carefully these may be carried out, however cautiously or anxiously they may be watched, no one, who is not a voluntary agent, who does not know that he is engaged in an experiment upon his health, is a proper person on whom to test the *modus*

operandi of a new drug, of one the action of which has only been studied on the *corpora vilia* of cats and dogs.

HALLER'S method of studying the action of drugs, HAHNEMANN'S carefully elaborated system of investigating their properties are essential to our acquiring a knowledge of the "ill effects" which have to be encountered, which may be met with when they are prescribed from an antipathic standpoint, or when given in too large a dose on indications in harmony with the homœopathic rule. The experiments made with drugs upon the lower animals, though not without their value in precisionising the knowledge we derive from experiments with them on man, are totally inadequate to determine the good effects which may be hoped for from using them in human diseases, and supply no hints whatever as to any ill effects which may follow their being taken. The proving of drugs upon men and women is so essentially wrapt up with homœopathy—and homœopathy has been banned by colleges and societies—that, however obvious the value of the knowledge to be derived from adopting such a method of enquiry, it is one that no one who imagines that he has a scientific reputation to maintain dare venture upon. It was not always so, however. There have been occasions when the more scientific members of the profession have been superior to mere homœophobia. In 1842 the medical section of a scientific congress at Strasburg unanimously resolved "that experiments with medicines on healthy individuals are, in the present state of medical science, of urgent necessity for physiology and therapeutics, and that it is desirable that all known facts should be methodically and scrupulously collected and with prudence, cautiousness and scientific exactness, arranged, written out and published."

Again, in 1865, Sir HENRY (then Dr.) ACLAND introduced the subject from the chair of the section of the British Association, over which he presided, at Birmingham, when the following resolution was agreed to, and afterwards presented by him as a memorial to the General Medical Council in May, 1866:—

"Having regard to the observations of the President, Dr. Acland, in his inaugural address, the Committee of the sub-section of physiology desire respectfully to intimate their opinion of the great advantage that would accrue to

physiological (and thereby to medical) science if the General Council should think fit, by pecuniary grants and the appointment of suitable persons, to undertake investigations into the physiological action of medicines. A few agents when administered in poisonous doses have alone been made the subjects of such research; and whilst the remedial effects of even such well-known agents as *quinine* have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rests only upon ordinary observation and general inferences. The Committee is well aware of the extreme difficulty of prosecuting exact physiological enquiries in states of disease, and, above all, of the necessity of devising new modes of investigation; but, bearing in mind recent researches of an analogous nature in health, they do not doubt there are physiologists and physicians of approved ability in such researches, who would be able to devise the methods, and bring the results to a satisfactory conclusion. The Committee also venture to suggest, that no experiments should be regarded as satisfactory which (in addition to others) are not made in ordinary medicinal doses, in the diseases, for the relief of which the remedies are administered (as well as in poisonous doses) and which are not performed with all the care and exactitude known in modern physiological research. That this resolution be signed by the President, Vice-President, and Secretaries, on the part of the Committee, and that the President be requested to present it to the Medical Council."*

This memorial was presented to and discussed by the Medical Council. The adoption of the proposal was negatived by sixteen votes, on the ground that to undertake the task suggested would be to exceed the powers conferred upon the Council by Act of Parliament. Five members, however, voted in its favour.

Once more in the same year, at the meeting of the British Association in Nottingham, our now venerable and ever valued friend Dr. SHARP, of Rugby, read a paper on *The Physiological Action of Medicines*, in which the study of drugs through experiments made upon healthy human beings was earnestly contended for. Finally, the late Sir THOMAS WATSON, in his address at The Clinical Society on the 10th of January, 1868, appealed to the members of the Society to provide "authentic reports of trials with medicinal substances upon the healthy human body."

* *Sharp's Essays on Medicine*, p. 419.

The resolutions of the Strasburg Scientific Congress and of Sir HENRY ACLAND, the views of Dr. SHARP and the appeal of Sir THOMAS WATSON, fell, alas! upon ground choked with the weeds of prejudice, and hence brought forth no fruit.

Dr. BRISTOWE, at the British Medical Association meeting at Ryde, in his *Address on Medicine*, when referring to HAHNEMANN'S method of ascertaining drug action, said "The system, to the uneducated eye, looks, perhaps, fair and reasonable. But we must admit the truth of the homœopathic view of the relations between medicine and disease before we can admit the special value of investigations conducted only on the healthy body." Yes, this is true to a very large extent. But the belated enquiry of the Therapeutic Committee of the British Medical Association must suggest to all that provings on the healthy, *more Hahnemanni*, might have another value, that they might be serviceable even to those who rely upon antipathically acting medicines. They would enable such physicians to learn beforehand, ere they experiment on their patients, what "ill-effects" they must be prepared to meet with when prescribing them, and to form some idea of the most suitable antidotes to have ready. To go to the relief of a sick man with the remedy for the disease in one pocket and the antidote to the remedy in the other is indeed calculated to give one an odd notion of the "art of healing" at the end of the nineteenth century; but some such arrangement is evidently necessary when we are assured, on the authority of the Therapeutic Committee of the British Medical Association, that "a drug cannot be potent for good in any specially marked degree, especially if its drug action be on the blood or the nervous system, without possessing necessarily great potentialities for evil if used too frequently or in excess." Certainly this is the case when the drug in question is prescribed antipathically, because to get this antipathic action one must go perilously near the poison line. Hence, we would urge that provings should be practised in order to familiarise practitioners with the appropriate "danger signals!" To the homœopathists, such experiments will be invaluable. To them, they will not be danger signals, but sign-posts, directing them the way in which to use the medicine they relate to.

The results of the present enquiry contribute some-

what to our general knowledge of the action of the drugs we have mentioned. The first on the list—*antipyrin*—has been longer in the hands of, and much more largely used by, medical practitioners than the other two. In *The Cyclopædia of Drug Pathogenesy* Dr. HUGHES has, in the Appendix, collected seven cases of poisoning by *antipyrin*, which had, up to the date of its publication, appeared in the medical journals. He also gives a brief *résumé* of the most practical results of the experiments on animals, recorded in an exceedingly interesting paper by Dr. BATTEN and Mr. BOKENHAM in *The British Medical Journal*, vol. i, 1889. In the absence of a carefully conducted and systematic proving of the drug, these observations, together with those collected as "ill-effects" by the Therapeutic Committee, comprise all the information we possess which can enable us to use the drug as a homœopathic medicine. For this purpose it is meagre, truly, but a diligent study of the whole may enable us, we think, to take advantage of it in some cases of exhausting functional, cerebral and spinal disease. We propose then to give such extracts from the report of the Committee as are calculated to assist in so doing.

The enquiry was strictly limited to the recording of ill-effects following the use of the drug as a remedy, to the frequency with which this had been observed, and to the dosage under which they had arisen. The questions addressed to the members of twenty-seven branches of the Association were as follows:—

"Would you kindly state for the information of the Committee, giving briefly such details as may appear to you necessary, having due regard to the object of the enquiry as above stated:

"1. The amount of experience you have had in the use of these drugs, whether as antipyretic or analgesic agents.

"2. The doses you habitually give.

"3. The nature of any ill-effects you have observed.

"4. Their comparative frequency.

"5. Your opinion as to their comparative importance. Do they materially limit the usefulness of the drugs?"

Reports furnishing replies to these questions to the number of 220 were received:—

"As regards the purpose for which the drug has been employed, the great majority have used it both as an antipyretic and as an analgesic agent. In the early years after its first introduction it was used very largely as an antipyretic; but there is practically a consensus of opinion on the part of

those who report that its chief use, and in many hands its sole use now, is as an analgesic. As an antipyretic it has thus fallen somewhat into disfavour, while as an analgesic it has in recent years gained steadily in repute."

As a general summary of the more frequent and constant of the ill-effects, the reporters give the following :—

"There is great unanimity amongst observers as to the nature of the ill-effects occasionally met with. The only difference of opinion is as to their degree—'slight,' or 'marked,' or 'alarming,' or 'dangerous,' as the case may be. They range in severity from the mildest and most evanescent of rashes to the most alarming and even fatal collapse.

"The rashes may be dismissed with a word. They are variously described as erythematous, measly, or urticarial in character, with or without considerable accompanying œdema. They have been met with by every observer who has had an extended experience of the drugs. In the great majority of cases they have been the result of idiosyncrasy on the part of the patient, independent altogether of the size of the dose or the nature of the disease. Thus, in one instance a 10-grain dose caused urticaria with salivation twice in the same patient; in another a dose of 8 grains caused an urticarial rash, with dizziness and loss of power in legs; in another, swelling of face with lividity and dyspnœa was always caused even by the smallest doses."

"Only a few observers, however, take any special notice of the rashes; the large majority content themselves with merely noting their occasional occurrence. As an ill-effect they cannot properly be regarded. At most they occasion a little temporary alarm to the patient till their true nature is explained; or, if met with at the outset of a febrile illness, may lead to a little difficulty in deciding whether we are not dealing with the specific eruption of measles or scarlet fever."

Referring to the following table, the reporters observe that—

"It will be noted that the ill-effects group themselves clinically into 2 divisions: (1) Those referable to an action on the nervous system, including the varying degrees of vaso-motor disturbance, profuse perspirations, enfeeblement, cardiac depression and irregularity, nervous excitement and collapse, in exceptional cases such marked effects even as loss of power of speech, and complete mania; and (2) those referable to an action on the blood and circulation—namely, the breathlessness, varying degrees of cyanosis, and lividity."

The observations of twenty-two observers constitute—

TABLE I.

No.	Nature of Ill-Effect, as specified by Observer.	Dose in Grains.
1	Weakness and shakiness	(20 to 40).
2	Serious collapse in a case of typhoid fever	30 twice.
3	Syncopal attack on one occasion ...	15.
4	Symptoms of collapse	20.
5	Enfeebling in its action	(5 to 20).
6	Depressant	(12 to 20).
7	,, ...	(20).
8	Cardiac weakness and irregularity ...	15 every 4 hours.
9	Great depression	30 at hourly intervals.
10	,, ,, and exhaustion ...	15 every 4 hours.
11	Alarming depression	45 in 8 hours.
12	Cyanosis and dangerous cardiac depression	20.
13	,, ,, ,,	20.
14	Depressant on heart	(15 to 20).
15	Excessive sweating, cyanosis, and partial collapse	(20).
16	Vasomotor pains, lividity, profuse perspiration, tendency to collapse, and to pneumonic congestion	(30).
17	Collapse and death in a case of rheumatic fever	30 in 5 hours.
18	Alarming faintness in anæmic individuals	(15 to 20).
19	Languor and depression	(15).
20	Weakening effect in 10 per cent. of cases	20 repeated in an hour.
21	Serious collapse in a case of typhoid ...	2 doses of 30.
22	Loss of speech, lasting 24 hours, in a case of commencing meningitis which subsequently proved fatal	7½ repeated in an hour.
23	A condition of mania from long concontinued use of the drug, recovered from when drug withheld	
24	Dyspnœa and much nervous excitement once out of many hundreds of cases	5.
25	Salivation with urticarial rash twice in same patient...	10.
26	Dizziness and loss of power in legs ...	8.

The connection between the dose given and the degree of ill-effect following is very well marked, thus, 30 grains administered hourly caused great cardiac depression; 20 to 40 grains gave rise to weakness and shakiness, while 80 grains in five hours caused collapse and death in a case of rheumatic fever. A few contributors to the report, record ill-effects produced by 10 grains or under. Regarding this the reporters say: "The exceptions referred to are obviously cases of idiosyncrasy such as are common with almost every drug." This may be true, but the manner in which the idiosyncrasy displays itself is none the less the direct consequence of taking the drug, and shows none the less clearly the nature of the derangement of health which it produces, and, at the same time, the symptoms of the conditions which, in an appropriate dose, it will relieve.

"For example: (1) Dyspnœa and much nervous excitement, reported in one instance out of many hundreds, by a dose of 5 grains; (2) urticaria and salivation following a 10 grain dose twice in the same patient; (3) dizziness and loss of power in the legs following a 8 grain dose; (4) lividity, dyspnœa and swelling of the face caused by the smallest doses."

It must be remembered that the purpose of the report is to show, what is the amount and what the character of the harm done by a powerful drug administered antipathically, *i.e.*, in the large dose necessary to secure an antipathic action. The following is the reporter's

"Summary."

"To sum up, then, in a few words the results of the inquiry as regards *antipyrin*: When we consider

"(1) The large experience of this drug represented in the reports, and, on the other hand, the comparatively small percentage of observers—28 per cent.—who have met with any ill-effects worthy of notice;

"(2) That even when ill-effects are recorded, they have occurred as isolated instances out of many hundreds of cases;

"(3) That in the large majority of these instances the dosage has been injudiciously high or too long continued—that, in short, there has been in most cases a very direct relation between the dosage and the occurrence of ill-effects;

"The conclusion is warranted that, so far as the reports go, the ill-effects are not of the frequency or importance ascribed to them by a widespread impression. The large majority of observers agree in stating that they are of no importance whatever, and that with reasonable and judicious

care they limit in no way the general usefulness of the drug as a therapeutic agent."

We think that in using a little known drug, one, too, acting with great energy on the nervous system and the circulation, using it antipathically and therefore in necessarily considerable quantities, the gentlemen who have contributed their experiences with it to the Therapeutic Committee are to be congratulated on not having done as much harm as they might reasonably have been expected to do.

The next drug considered is *acetanilide* or *antifebrin*. This is not so popular a medicine as either *antipyrin* or *phenacetin*. It was employed "mainly as an antipyretic and, to an altogether subsidiary extent, as an analgesic." Especially does it seem to have been used in the acute febrile affections of childhood.

As in treating of *antipyrin*, the reporters present a table of the

NATURE OF ILL-EFFECTS.

The following is a list of the chief ill-effects noted by different observers. As before, when the actual dose which occasioned the ill-effect is not stated, the usual dose employed by the observer is given within brackets.

TABLE II.

No.	Nature of Ill-Effect, as specified by Observer.	Dose in Grains.
1	Alarming collapse more than once ...	(4).
2	Excessive sweating, cyanosis, feebleness of pulse, and partial collapse, comparatively frequent	(2 to 5).
3	Cyanosis after repeated doses	(5 to 10).
4	Cyanosis on two occasions	7 every 4 hours
5	Cyanosis and collapse once after a double dose	(10).
6	Collapse in two children	(6 to 10).
7	Cyanosis and collapse in one or two cases	Not stated.
8	Cyanosis and depression	(5).
9	,, ,, ...	(10).
10	Cyanosis	7½.
11	Collapse and death	Not stated.
12	Collapse after continuous doses of 7½ grains	(5 to 10).
13	Collapse after 10 grains	(2 to 3).

No.	Nature of Ill-Effect, as specified by Observer.	Dose in Grains.
14	Undue perspiration and depression ...	(5).
15	,, ,, ,, ...	(8).
16	Collapse	(8 to 10).
17	Depression	(6 to 8).
18	Palpitation and collapse	(2 to 20).
19	Great cyanosis after 2 doses of 10 grains each	(5 to 8).
20	Cyanosis once	(4 to 8).
21	Cyanosis, profuse perspiration, and partial collapse	(10).
22	Cyanosis and collapse	(8 to 10).
23	,, ,, ...	(8 to 10).
24	,, ,, ...	(5 to 10).
25	,, ,, ...	(8 to 10).
26	Collapse in phthisis even after 2 grains	2.
27	Alarming collapse in a child by a second dose	3.

In commenting upon the serious ill-effects set forth in this table, the reporters say:—

"When the characters of these ill-effects are compared with those described after *antipyrin*, an important difference is to be noted. With the latter mention was most frequently found of 'depressant' and 'enfeebling' action, only rarely of cyanosis, and still more rarely of collapse. With *antifebrin*, on the other hand, cyanosis, with or without collapse, but usually with it, seems to be the chief—almost the invariable—ill-effect noted.

"The difference in the two cases is instructive; it points to a radical difference, not so much in the physiological action, for that is exerted in both cases chiefly on the circulation and the nervous system, as in the power of the two drugs. *Antifebrin* is a much more powerful drug than *antipyrin*—a fact very far from being generally realised if one may judge from the doses which many observers seem habitually to employ. Indeed, speaking generally, it may be said that 2 grains of *antifebrin* is, as regards its general therapeutic effect, equivalent to about 10 grains of *antipyrin*. It is this figure, rather than that of higher ones (4, 6, 8, and even 10), of which mention is so frequently made, that should be borne in mind as the proper initial dose of this drug."

The ill-effects following the antipathic use of *antifebrin* are admitted by the reporters to be more frequent, more

serious and more important than those which result from *antipyrin*.

"Notwithstanding these ill-effects a few observers" we are told, "still give the preference to *antifebrin*. Thus one who had not met with any ill-effects from *antipyrin*, but had more than once observed alarming collapse with *antifebrin*, expresses his opinion that *antifebrin* is the most perfect antipyretic we have. Another, who observed great cyanosis after two doses of 10 grains, nevertheless considers that the ill-effects are of no importance. And a third even goes so far as to say that ill-effects are more common with *antipyrin* than with *antifebrin*. Most, however, consider that the liability to the occurrence of ill-effects does to a certain extent interfere with the usefulness of the drug, the chief drawback being its markedly depressant action."

On the relation of ill-effects to dosage, the reporters observe that:—

"No such direct relation is here to be made out as was seen to be the case with *antipyrin*. The dosage employed appears to have been much the same with those who have observed ill-effects as with those who have not. In both cases the proportions are almost the same, 72 and 75 per cent. of observers respectively having used doses of 4 to 10 grains as their minimum. This difference in the case of these two drugs would be an interesting one if it could be clearly established. If it could be shown that the occurrence of ill-effects was to a certain extent independent of the largeness of dose, this fact more than any other would tend to prove that *antifebrin* was more inconstant in its action, and correspondingly more dangerous than antipyrin.

"A powerful drug can be used with safety so long as its action is a fairly constant one, varying chiefly with the dose employed. Danger at once arises, however, if, along with the power of doing harm in over doses, the drug is found to be uncertain in its action. In the case of *antifebrin*, the evidence we are now considering would appear to point to its being less safe and less constant in its action than *antipyrin*."

The third and last drug which, having exhibited pathogenetic properties while being given as a remedy, is examined by the Committee is *phenacetin*. The number of reporters on it is 80, as compared with 100 on *antifebrin* and 220 on *antipyrin*. The results of the enquiries are thus given:—

"Nature of Ill-Effects.

"Out of a total of 80 observers, only 7 have any ill-effects to record.

"Table III.

No.	Nature of Ill-Effect, as specified by Observer.	Dose in Grains.
1	Collapse on one occasion	5 every 8 hours for 8 days.
2	Extreme weakness, cyanosis, and feebleness of pulse	(10 to 15 every 4 hours).
3	Cyanosis once	7 every 4 hours for 8 days.
4	Slight giddiness once	(5 to 10).
5	Depression, although not often ...	(5 to 10).
6	Lividity and diaphoresis	(10 to 20).
7	Subnormal temperature, coldness, shivering	(5 every 4 hrs.)

"If we eliminate the last four, in which the ill-effects described are obviously of slight degree and importance, there remain only three where the ill-effect was at all specially marked. And it was of the same character as that already noted with regard to *antipyrin* and *antifebrin*, namely, cyanosis and collapse. They were only met with on one occasion by each observer, and their presence is sufficiently accounted for by the dosage used, namely, 5 grains every three hours for three days, 10 to 15 grains every four hours, and 7 grains every four hours for three days."

The pathogenetic action of all three drugs is very similar, *antifebrin* being the most powerful and, therefore, the most dangerous to prescribe antipathically.

It will have been noticed that some of the ill-effects recorded are regarded by the observers, and also by the reporters, as "trivial," and, in one instance, cyanosis is referred to as being of "no importance." It may be presumed, indeed, that no serious consequences followed in these instances, none at least that were palpable, none that were sufficiently well marked to lead the observers to connect their occurrence with the administration of the drug. With persons who, previously to the illness which involved their taking one or other of these medicines, were in a high degree of health, whose powers of resistance were considerable, and, therefore, admitting of their reacting against noxious influence with some degree of facility, such may have been the case. But with many, ill-effects of the kind noted could hardly have been shown without, at any

rate, unduly protracting convalescence, while in those in whom no ill-effects were expressed by symptoms, it is only too probable that some degree of unexpressed injury must have been accomplished by such paralysers of nerve power as *antifebrin*, *antipyrin* and *phenacetin*. The symptoms shown by those in whom the ill-effects were pronounced, sufficiently indicate the structures influenced prejudicially by the drug, mark clearly the potentiality of the drug for evil. Those who regard the evil produced as "trivial" and of "no importance," doubtless regard them as only comparatively so. Compared with lowering the temperature of fever, the cyanosis produced in effecting this object would be held by them to be of "no consequence," compared with arresting the pain of neuralgia, the urticaria incurred might seem to them to be insignificant.

We cannot accept this view. Were there no other means of relieving fever, and, in doing so, reducing the abnormal heat, the degree of cardiac paralysis induced by these antipyretics of the laboratory is too great a risk to run to render their use desirable. They increase the danger at the moment, add an artificial disease to the existing disturbance of the physiological balance, and are but too likely to permanently weaken the structures, the powers of which they have depressed.

These objections to the use of *antipyrin*, *antifebrin* and *phenacetin* as antipyretics and analgesics apply not to them alone, but to all medicines prescribed upon an antipathic basis, and the greater their potentialities for evil the more undesirable do they become. Independently of the roundabout way of endeavouring to relieve disease, which the use of the antipathic medicine involves, the necessity which exists for giving it in a large dose, one large enough to induce a degree of poisoning—a *sine quâ non* of it exciting any influence at all—is a sufficient reason for rejecting it as a remedy. Cures which have been apparently relieved by such medicines would, in the large proportion of instances, have fared better, both during their illness and subsequently to it, had they been simply nursed, while all medicine was omitted.

The necessity to be prepared for ill-effects from medicines given as remedies, at once stamps as imperfect the method which places them in the category of remedies in cases in which the effects are found to follow from them.

Leaving, then, the antipathically acting drug as imperfect in its action, and full of "potentialities for evil," at any rate temporary, and too probably permanent in many instances, we more than ever feel thankful for the knowledge that medicines chosen from an opposite, a homœopathic standpoint, are not only more direct in their action, their influence being restricted to diseased tissues, and in no degree exerted upon such as continue healthy, but that they are entirely without "potentialities for evil," the dose in which they must needs be given to secure the object with which they are prescribed, being sub-physiological, and consequently incapable of doing injury, however slight.

Further, the use of the homœopathically acting medicine compels a thorough knowledge of the effects the drug possesses upon the human body before it can be prescribed. No room exists for experimentation upon patients. "It is evident," writes Dr. SHARP, "that the properties of medical substances must be ascertained by some kind of experiment; the question in dispute is this—is it best to try these experiments upon sick persons or upon healthy ones? Shall the physician get his knowledge by experimenting *upon his patients or upon himself?* The practitioners of the old school pursue the former method; those of the new one the latter." (*Medical Essays*, p. 22.) This is as true now as it was when published forty years ago. For although the lower animals have, since then, been utilised for drug experimentation, it is not, as the enquiry we have examined proves, until the substance has passed from the laboratory to the ward that any real knowledge as to its good or evil effects is obtained.

Clinical experience has demonstrated over and over again that the homœopathically selected medicine is efficient for well nigh all the purposes for which medicine can be prescribed, competent to secure all the advantages which medicines can procure. The physician who treats disease homœopathically is debarred from the necessity of experimenting upon the sick, of administering medicines possessing "potentialities of evil" of which he is ignorant; the dose in which he is obliged to give his medicine in order to obtain the effect he desires is one too small to render the development of any such potentialities either probable or possible.

How long will medical men continue to persevere in methods which have been discredited many years since? How long will they hug to themselves the delusion that homœopathy is "either a fraud or a folly"? Long as it may be ere the masses of the profession become alive to the falsity of the inference, which their refusal to observe the results accruing from homœopathically chosen medicine has led them to, we may rest perfectly assured that facts will continue to assert themselves when ridicule has spent itself in scorn of homœopathy.

THREE CASES OF ACUTE NEPHRITIS.

By J. Galley Blackley, M.D. Lond.
Senior Physician to the London Homœopathic Hospital.

The three following cases were admitted into the wards of the London Homœopathic Hospital, under my care, all within the space of a few weeks. For the carefully kept notes and for most of the tracings, I am indebted to the zeal and energy of Dr. R. P. Lambert, resident medical officer.

Case I.

Acute desquamative nephritis. Duration of attack thirteen days. Cure.

Albert W——, aged 16, stableman, was admitted on Oct., 26th, 1893, for swelling in the face and pains in the back.

Previous history.—Says he had scarlet fever when young but had had no illness of any sort recently. He fell from a horse on to a board about three weeks before his admission.

Present illness began a week before admission after a wetting, on the day following which he noticed his face and body swollen and the urine scanty and dark. A day or two later he had some sore throat.

On admission (Oct. 26th) his face was swollen and puffy, and the whole body was œdematous. He complained of pains in the back but there was no marked tenderness over the kidneys. Tongue was slightly coated with a moist brownish fur, appetite poor, and bowels regular. The abdomen was distended and the walls œdematous. Liver dulness slightly larger than normal. Temp. 99.3. Heart sounds were both reduplicated, the first in the mitral and the second in

the aortic area. With the sphygmograph the pulse gave the tracing shown in Fig. 1.

Fig. 1. Ninth day.

Lungs sibilant rhonchi heard in spots over both sides in front; posteriorly left base is dull to a level with the tip of the scapula, breath sounds feeble below that level and quite absent at the base. Right side, moist râles heard all over the base. Respirations 38, coughs a good deal but expectorates little or nothing.

Urine 1028 acid; very slightly smoky; contains abundance of albumen. Deposit under the microscope shows numerous large granular tube casts.

℞ tr. *arsen.* 3x gttj 4 tâ quaque horâ. Diet to consist of milk ad libitum and farinaceous food in moderation with a little fruit.

Oct. 28th.—Better. Temp. 98.8. Swelling less. Urine 45 oz. in 24 hours; sp. gr. 1018; contains no blood; albumen a little and some mucin.

Oct. 30th.—Swelling of legs gone, face much less puffed. Urine 56 oz.; sp. gr. 1010, acid; contains a little mucin, but no albumen. Temp. sub-normal.

On the following day the lungs were found quite clear, and on Nov. 2nd he was allowed to get up for an hour and had a little fish for his dinner.

Fig 2. Twelfth day.

Fig. 2 shows pulse tracing on Oct. 31st after albumen

Fig. 3. Twelfth week.

had disappeared; whilst Fig. 3 shows the tracing taken of the same on Jan. 11th, 1894, when he was last seen in the out-patient department. He has continued perfectly well. The urine is normal in quantity and sp. gr., and contains no trace of albumen. The boy had not yet commenced work.

CASE II.

Acute recrudescence of chronic Bright's disease. Duration of attack four weeks. Much improved.

Elizabeth H——, aged 16, ironer at a laundry, was admitted into Quin Ward on Nov. 1st 1893, complaining of pains in the head and back, general malaise, and swelling all over the body.

Personal history.—Had scarlet fever five years ago followed by dropsy. She was ill for 16 weeks but recovered (?) completely, remaining well until last year when she had rheumatic fever for which she was treated in the wards of this hospital. Thinks she has had some puffiness under the eyes at times ever since the scarlet fever.

Present illness began on Oct. 28th, when she was seized towards evening with pains all over the body and next day found that there was swelling all over the body and limbs. Has been in bed ever since, but thinks the swelling has slightly diminished during the last day or two. Has had no vomiting.

On admission. (Nov. 2nd.)—The patient's face is pale and bloated, the legs, feet and hands are considerably swollen and pit on pressure, and there is severe anasarca all over body but no ascites. Temp. 98.6. Tongue coated white. Complains of pains in the back and head and aching all over.

Heart.—Over mitral area the second sound is accentuated and reduplicated. The aortic and pulmonary sounds are weak. Pulse tracing as shewn in Fig. 4.

Fig. 4. Sixth day.

Lungs.—Impaired resonance and a few moist râles over both bases posteriorly.

Urine.—Acid, high-coloured and scanty (24 oz. in 24 hours, excluding a small quantity passed with stool) sp. gr. 1021; quantity estimated by Esbach's albumometer = 3 per cent. There is a copious deposit consisting of numerous hyaline and granular casts and epithelial cells of all kinds; a few cells like pus cells are also seen. Traces of blood-colouring matter were found on testing with ozonic ether.

Other symptoms are, frequent twitching of the arms, pressing sensation at vertex, dull pains in chest and back, and pain across chest after drinking.

℞ *arsen.* 3x gttj 4tâ quaque horâ. Diet to consist of milk ad lib., and a moderate amount of farinaceous food.

Nov. 8.—Complains of pains in the back. Dulness at bases of lungs more marked. Urine same except that blood has disappeared.

Nov. 7th.—Urine, quantity 32 oz.; sp. gr. 1020.; albumen 2½ per cent. Rep. med.

Nov. 9th.—Catamenia came on to-day (at the right time) accompanied by diarrhœa, which she says is a usual accompaniment. Quantity of urine yesterday 51 oz.; albumen 2½ per cent. Pulse tracing (*vide* Fig. 5). Rep. med.

Fig. 5. Thirteenth day.

Nov. 13.—Catamenia over. Is feeling better. Legs are no longer swollen. Still has some pain in back and right side of chest. Rep. med.

Fig. 6. Eighteenth day.

Nov. 14.—Pulse tracing (vide Fig. 6.) Improving in every way. Urine 86 oz.

Nov. 17.—Feels very well. Urine 15 oz. Sp. gr. 1025. Still some albumen and mucin but hardly any tube casts. ℞ *Plumb. carb.* 3x grj ter die.

Nov. 18.—Was allowed boiled fish and green vegetables.

Nov. 27.—Urine still contains a trace of albumen, but no tube casts can be found. Œdema is completely gone and the patient looks a different woman. To continue *Plumb. carb.* and come as an out-patient.

Jan. 11th, 1894.—Has been several times as out-patient. To-day the patient's appearance is quite natural. No trace of œdema even about feet or ankles. (She has not returned to laundry work.) Pulse tracing as seen in Fig. 7. Patient says quantity of urine is about normal. She is not thirsty and does not get up in the night to pass water. Sp. gr. 1023, rather high-coloured and containing a moderate deposit of amorphous urates. Gives now the faintest possible reaction with the *salicyl-sulphonic acid* test,* and none at all with cold *nitric acid*. A single hyaline cast was found after careful search. To continue the *plumb. carb.*

Fig. 7. Tenth week.

* *Salicyl-sulphonic acid*, a product of the action of sulphuric upon salicylic acid, is a colourless crystalline powder, slightly deliquescent when exposed to the air. It forms a convenient and reliable test either for albumen in quantity, or where mere traces are present. In the latter case it is at least six times as sensitive as the cold nitric acid test, the salicyl-sulphonic test being capable of giving a reaction where one part of dry albumen is dissolved in 100,000 parts of water, as against one in 16,000 in the case of cold nitric acid. In the consulting room, or in hospital work, it may be kept in solution (10 per cent., or any solution of greater density than any urine likely to be met with) and is applied in precisely the same manner as the cold nitric acid test. For use at the bedside I have, for the last two years, been accustomed to carry in the waistcoat pocket a small tube of the dry acid and a small test tube. A few grains of the dry acid dissolve almost instantaneously in about a third of an inch of water in the test tube, and the urine to be tested is then allowed to trickle slowly down the side of the tube. Where only small quantities of albumen are present and boiling is desirable, the salicyl-sulphonic test is much superior to nitric acid for acidulating, as it does not decompose the albumen. Peptones are precipitated by the test, but they redissolve on boiling.

Case III.

Acute desquamative nephritis following chorea. Duration of attack, twenty-three days. Cure.

Elizabeth Hunt, aged 11, school-girl, was admitted to Barton Ward, for chorea on Dec. 7th, 1893.

There was no history of chorea or other nervous affections in the family.

Personal history.—Has had no serious illnesses, but has always been a nervous excitable child. Had chorea a few months ago, during the summer, and was treated in Newbury Hospital where she remained 6 weeks.

Present illness is supposed to have originated in a fright about 18 months ago. The present attack has lasted between two and three months. The twitching has never effected more than the hands and arms, and she has complained of no pain except in the head.

On admission the hands and arms are seen to twitch slightly; pupils are dilated. Tongue clean; heart normal. Complains of slight headache. Urine 1032, acid contains neither albumen nor sugar. Night nurse reports that she is perfectly quiet during sleep. No medicine.

Dec. 10.—Complained towards evening of severe headache. Temp. at 7.30, 102.6.

Dec. 11.—Temp. 99. Head still aching. Has no sore throat. Urine 1035, scanty and very "smoky." gives reaction with ozonic ether and contains a little albumen. The copious deposit contains a very few epithelial casts and a few red blood corpuscles, with a great deal of amorphous granular matter. ℞ tr. *tereb.* 3x gttjj., tert hor. Skim milk alone for food. Evening temp. 102.6.

Dec. 12. Temp. 99.8; pulse 96 Choreic twitchings have almost ceased; has some headache. Slight roughness of first sound of the heart heard over the mitral area. Urine 1030, acid very smoky, only 20 oz. passed. Albumen at least 1 per cent. Deposit contains numerous casts, epithelial and finely granular, and red blood-corpuscles. Pulse tracing as seen in Fig. 8.

Fig. 8. Third day.

Dec. 13.—Temp. 99.4; seems better; has passed one loose stool. Urine 26 oz.; alkaline albumen about the same.

Dec. 15.—Temp. nearly normal. Bowels loose. Urine 20 oz.; contains more albumen (not estimated) and still gives a faint reaction with the guiacum and ozonic ether test. Tube-casts now very numerous, granular and hyaline in character.

Dec. 16.—Pulse tracing (*vide* Fig. 9). ℞ tr. *arsen.* 3x gttii 4tis hor.

Fig. 9. Seventh day.

Dec. 18.—Temp. normal. Feels quite well. Urine 28 oz. No œdema present. Twitching has quite ceased,

Dec. 20.—Urine 22 oz., contains nearly 5 per cent. of albumen but no blood. Deposit shows numerous hyaline and granular casts and a few larger epithelial ones.

Dec. 27.—Urine 26 oz., contains only a trace of albumen. Several granular and hyaline casts and one blood cast were found.

Dec. 30.—Area of cardiac dulness decidedly increased, apex beat is under the sixth rib outside the nipple line. All the sounds are somewhat accentuated and incline to be re-duplicated, but no bruit is heard now. ℞ *plumb. carb.* 3x grj 4tis hor. Farinaceous food. Greens and fruit.

Jan. 1.—Urine (not measured) pale, acid and containing a faint trace of albumen and no casts. To get up.

Jan. 2.—Slight jerking of legs came on whilst up yesterday. In other respects seems quite well. No albumen to be detected from this date forwards.

Jan. 12.—Pulse tracing (*vide* Fig. 10).

Fig. 10. Fifth week.

Remarks.—In view of the comparative frequency with

which acute nephritis occurs both in hospital and private practice, it is surprising that so few really good clinical records of cases treated according to method of Hahnemann, are to be found in our periodical literature. References to the subject in lectures, systematic papers and treatises, are fairly numerous, but detailed bedside reports are few and far between, and even here the majority are concerned solely with the special form of nephritis which follows scarlet fever. So far as I am aware no previous clinical reports have attempted by means of graphic representation to show the condition of the pulse during the use of the various drugs. The high tension pulse is now freely recognised as being present in the earliest stages of acute nephritis, and it is a subject of regret that in none of our cases were the tracings taken at the moment of admission, although for obvious reasons such a record would be rarely obtainable. Mahomed* has proved conclusively that the appearance of albumen in the urine as a sequel of scarlet fever is *preceded* by a period of high vascular tension, evident both to the finger and the sphygmograph, and it is highly probable that tracings taken in the earliest stages of other forms of nephritis (after other eruptive fevers, tonsillitis, *a frigore*, &c.) would show the same symptom.

The supervention of nephritis upon chorea in Case III. is particularly interesting, for, knowing the connection which has been shown to exist between rheumatism and a certain class of cases of chorea, and also between rheumatism and tonsillitis, it leads one to suspect strongly that there was after all a substratum of rheumatism in this case, producing firstly chorea, secondly tonsillitis, and lastly nephritis.

In the matter of the time which elapsed in each case before the entire disappearance of albumen from the urine our cases may be considered as being fully equal to the very best results obtained under old school treatment.† Sir William Roberts gives the average period from the onset of febrile symptoms to the subsidence of albuminuria as being six weeks *and upwards*, the shortest he has ever known being ten days.

* *Med. Chir. Trans.*, Vol. 57.

† Urinary and Renal Diseases. Fourth edition, 1885 (edited by Maguire), p. 429.

Concerning the lack of variety in the different drugs administered, it will be readily seen that some attempt was made in all three cases to select the right remedy and to continue its use as long as manifest improvement continued, or a change in the character of the symptoms rendered a resort to some other drug necessary.

It was the late Professor Henderson who did most to direct attention to the striking homœopathicity of *cantharis* and *terebinth* to acute nephritis, he advising their use in alternation with *aconite*,* whilst he is equally emphatic as to the need for *arsenic* in the later stages. Had he lived another decade he would probably have bracketed *plumbum* as equal with *arsenic*, for nothing can be more striking than the resemblance to the symptoms of certain forms of nephritis afforded by the provings of *lead*. It was Ollivier, in 1863,† who by his experiments on animals with repeated doses of *acetate of lead* was able to shew that albuminuria supervened, and that the kidneys after death exhibited signs of organic disease. He also collected accounts of twenty-four cases of lead-poisonings, where albumen was present in the urine.‡

ON SOME FUNCTIONAL DISEASES OF THE DIGESTIVE ORGANS, WITH THEIR HOMŒOPATHIC TREATMENT.§

By D. Dyce Brown, M.A., M.D.

Consulting Physician to the London Homœopathic Hospital.

Lecture II.

(Lecture I. appeared in the September No. for 1893, pp. 519—532.)

Gentlemen,—In continuing the subject of my last lecture, I introduce to you *Bryonia Alba*, a drug which is probably new to many of my audience. It has been

* Henderson, "On Bright's Disease of the Kidneys," *Brit. Jour. of Hom.*, vol. xiv. p. 1.

† *Archives Générales* 1863, II., pp. 530 and 709.

‡ A very striking case of desquamative nephritis cured by *plum. acet.* after the usual remedies had been tried in vain is given by Wiel in the *Zeitschrift des Berl. Ver. Hom. Ærz.*, and quoted in the *Brit. Jour. of Hom.*, vol. xl., p. 367. The particular symptoms leading him to select *plumbum* are given with praiseworthy minuteness.

§ Being the second "Quin" Lecture, delivered January 20th, 1893, at the London Homœopathic Hospital.

brought somewhat into notice in the old school by Dr. Lauder Brunton, who, in the first and second editions of his *Pharmacology*, put it down in his "Index of Diseases" as of use in dyspepsia, rheumatism, pleurisy, bronchial catarrh, &c., &c. But in turning up the reference-page in the body of the work, we found it stated that *bryonia* used to be used as a drastic purgative, but it is now displaced by *jalap*. This valuable information was all that was vouchsafed to us, as indicating its value in dyspepsia, pleurisy, bronchitis, rheumatism, &c. Why this was so, Dr. Brunton may be left to explain. Except for this notice, and the fact that recently allopathic chemists advertise it for these same disorders, the drug would be unknown to the old school. It was first brought into notice, and its therapeutics pointed out, by Hahnemann in his *Materia Medica*, and has since then been one of our most trusted, and widely-acting medicines. It has a large range of action on serous and mucous membranes, on fibrous tissues, and muscle, and on the liver. Its action on serous membranes producing inflammation in the pleura, the pericardium, and endocardium, and the peritoneum, constitute it a chief remedy on the law of similars in pleurisy, peri- and endo-carditis, and in peritonitis. On fibrous tissues its action is very marked, causing rheumatic pains in the joints, with swelling and tenderness, and hence it is our chief remedy in acute and chronic rheumatism, the peculiarity of the pain being that it is worse on motion, and diminished, or absent, when at rest. Its action on the membranes of the heart makes it, of course, additionally indicated in acute rheumatism. On mucous membrane its action is specially shown on that of the upper part of the respiratory tract, from the trachea to the larger bronchi, producing therein a catarrhal irritation, such as corresponds to what is popularly called a "cold in the chest." On the smaller tubes its action is less manifest, while on the finest ramifications and on the lung tissue itself it again shows its action, rendering it of great value in bronchial catarrh, in some cases of bronchitis, and in certain cases of pneumonia. On the digestive tract, its action is likewise well marked, as I shall presently show you. On the liver, its action is very pronounced, causing an inflammatory congestion of the organ, with sharp, cutting pain, tenderness on

pressure, pale stools and constipation. Certain peculiarities of *bryonia* run through its whole action. It is pre-eminently a right-sided medicine. That is, it affects the right side of the body more than the left, hence rheumatism in the right side, pleurisy in the right side, pneumonia in the right side, pleurodynia on that side, and the liver, are specially homœopathic to it when indicated otherwise. Having named pleurodynia, or musculo-nerve pains in the intercostal muscles, reminds me that not only rheumatism of the joints, but of the muscles also, is specially under the control of *bryonia*. The pains are markedly of the sharp cutting type, and are always aggravated by movement of any kind.

This sketch is necessary for your fully appreciating the cases of dyspepsia where *bryonia* is called for. I now describe the gastric condition of *bryonia*, with which I am now particularly dealing. Here it considerably resembles *nux vomica*, though differing from it. The sufferer has pains very soon after food. The sensation is generally a feeling of heavy weight, as if the food lay like a stone, or it may be a sensation of heavy, tight pressure in the epigastrium. Often the pain, and this is very characteristic, is of a sharp, cutting type, going through to the back and shoulders. All these forms of pain increase by movement, by a sudden jerk, or by taking a long breath, and they are also markedly increased by pressure. Sour or bitter risings occur, with heartburn and waterbrash, and sour vomiting. The complexion is apt to be sallow, or "livery." The tongue is coated with a whitish-yellow, rough, rather dry fur, and there is a bitter taste in the mouth. In such a condition, the liver is almost always more or less involved, as shown by uneasiness in the right hypochondrium, with perhaps tenderness on pressure, pains in the right shoulder, sallow complexion, and constipation, with pale stools. The form of constipation belonging to *bryonia* is when the stools are hard and lumpy, difficult and painful to pass. Headache almost constantly accompanies this state, and it is found chiefly in the frontal region, and often on the right side only, increased by movement or jar.

The case then where you will find *bryonia* act so well is not only when these gastro-hepatic symptoms are present, but as we always look not merely to the organs

specially disordered, but to the whole state of bodily health, its choice is confirmed if the patient has at the same time a rheumatic constitution, or actual rheumatism present, in joints, or in muscles, or has a bronchial catarrh, or a marked tendency to such, if the headaches are of the type described, if the pains in the stomach go through to the shoulders, and if the liver is sluggish, with constipation, and with sharp, cutting pains or general uneasiness in the region of the liver. In such a case the choice of the medicine is clear.

The dose of *bryonia* mostly used, and which I myself chiefly employ, is from the 1st decimal to the 3rd centesimal dilution, three times a day.

The medicine which I shall next discuss is *Arsenic*; and I shall, as before, give you a short sketch of its pathogenetic action, which, however, is pretty well known. The special parts of the body for which *arsenic* has an elective affinity, are the mucous membrane and the nervous system. In a well-marked or acute case of *arsenical* poisoning, the whole mucous membrane, from the eyes to the anus, is irritated or inflamed. The conjunctivæ of the eyes are red and injected, with sandy pain, and lachrymation of an irritating character. The nose shows a similar condition, causing profuse watery discharge, which is irritating, and causes soreness of the edges of the nostrils and upper lip. The special and peculiar tongue should be observed. It is clear, red or raw looking, and in milder cases red at the tip and edges, if not all over. It is tender and sore, especially to hot liquids and spicy foods. In other cases, it has a patchy appearance, red raw patches, with denuded epithelium occurring in the middle of whitish surroundings, or it may be fissured. There is yet another form of tongue characteristic of *arsenic*, viz., when covered with a thin, silvery, transparent coating, through which the papillæ appear red and prominent. The *arsenic* tongue is often of the pointed shape. The mucous membrane of the mouth and throat may be red and sore. The bronchial mucous membrane is also similarly affected to a certain degree. But it is on the digestive mucous membrane that its action as an irritant is so well seen. There is pain in the stomach, typically of a hot, burning, character —this hot, burning pain being very characteristic of *arsenic* everywhere—or in milder forms, a sense of sore-

ness or rawness, diminishing in mild cases to a feeling of undescribable uneasiness. This pain is worst immediately, or almost immediately, after taking food. Nausea is felt constantly, or at all events after food, and in severe cases vomiting occurs to such an extent that even cold water comes up again. The bowels show the irritation by griping, cramping, or burning pain, with diarrhœa. The diarrhœa is characteristically of the watery type, and always preceded or accompanied by the pain just described. There is tenderness on pressure over the epigastrium, to such an extent that the weight of the bed-clothes may be painful, while the garments worn feel to press uneasily. The same tenderness is found in the abdomen. In fact there is acute gastro-enteritis, shading down in severity to a state of irritation merely, but always of the marked type just described. There is a great sense of weakness or prostration, coldness of the body generally, or of the extremities, or you may have in severe cases cramps of the arms and legs.

The symptoms relating to the nervous system are well marked. Besides the coldness, going on to collapse, with feeble pulse, and cramp in the extremities, there is a special headache, of the neuralgic type, usually on one side, the left chiefly, going down the face in the course of the tri-facial nerve. This neuralgic tendency is often seen in the stomach, over and above the irritating sore, burning pain. The neurotic symptoms show a marked periodicity, coming on at regular hours during the day, and often worse at night. The periodicity is often seen in the hot skin, and general febrile access, which is apt to come on after the cold stage, and is usually more visible at night. The urine becomes scanty, and perhaps hot and painful in passing it. The sense of general weakness and exhaustion or collapsed feeling is very marked. Post-mortem examinations, as you all know, show the actual existence of inflammatory irritation in the whole gastro-intestinal tract.

From this picture of the *arsenic* case you will have little difficulty in the choice of this medicine in the suitable case—a case frequently occurring in practice. The patient will probably be in a general weakly state, liable to neuralgia in the left tri-facial nerve or in other parts, which comes on at regular hours of the day or night. The tongue will be red on the whole surface or

in patches, with sense of soreness or tenderness in eating. There will be no appetite, but pain immediately after food of all or most kinds; the pain of a burning character, or, if not that, a sense of soreness or rawness in the stomach, or the pain may be distinctly of a neuralgic type, coming at certain hours; the stomach will be tender to touch. There will be frequent nausea or actual vomiting, pains of a cramping or griping character in the abdomen, with diarrhœa, or tendency thereto. If there is not this, there will be fair regularity of the bowels. You seldom find constipation in an *arsenic* case. If it is present it is evidently only from want of nerve power to cause the necessary passage onward of the fæces, or from difficulty of expulsion. In these cases you generally will find that *arsenic* will materially promote the healthy regular action. The patient will be cold or chilly, with feeble circulation, and tendency to feverish heat at night, followed by perspiration. The more distinctly you find intermittency of a regular type in any of the symptoms, the more surely will *arsenic* be indicated.

The case suitable for *arsenic* is what is known as "irritative" dyspepsia, and in such a condition as I have sketched it is a grand medicine. The way in which the stomach irritation, the pains, the sickness, the inability to digest food, and the want of appetite, with the abdominal pain and diarrhœa, cease under the use of this great medicine is remarkable, and one of the most beautiful illustrations of our law of similars. For on what other principle can a drug be curative in a case the exact counterpart of the state which it produces in the healthy body? Its pathogenesis shows that in overdoses in the healthy body, it causes a state of inflammatory irritation, which from an allopathic point of view would make it absolutely contra-indicated. Its provings on any other principle than the homœopathic are absolutely useless. Some writers tell us now that *arsenic* acts as a "tonic" to the irritable stomach. But to speak thus is only to throw dust in the eyes, to conceal the real question in a vague generality which is simply a cloak for ignorance. A "tonic" indeed! It is anything but a tonic except in small doses—very much the reverse. And this is just what we homœopaths maintain, that the same medicine has two actions, the reverse

of each other, in large and small doses, and that the small dose is curative in just those cases which are similar or correspond to the condition which is produced in large doses in the healthy body. The question that one has to face is, does this hold true? Does the same drug cause a similar state that it cures, in different doses. There can be only one reply in the case of *arsenic*, and it is a telling illustration of the principle that underlies, or is the *raison d'être* of all homœopathic treatment. Let us put aside vague "tonic" theories, and face the real issue. Hahnemann was the first to point out its curative sphere, and his statements, amply borne out by his followers, were simply laughed at till recent years. Now-a-days no one would dare to laugh at the prescription of *arsenic* in irritative dyspepsia. On the contrary, it is largely prescribed now by the old school, who thus, consciously or unconsciously, employ the homœopathic principle. It was Ringer who first brought into general notice, in his work on *Therapeutics*, the value of the drug, which before was ignored, though before his book was published, Dr. Arthur Leared published some papers on this subject in the *Medical Times and Gazette*. And previously to him, Dr. Black, of Chesterfield, published some interesting papers on the value of *arsenic* in cholera and choleraic diarrhœa, showing its power in checking the vomiting, the diarrhœa and the cramp of that disease. Since Ringer's work, the same treatment has been adopted by Bartholow and others of the "advanced" section of the old school. And at present, *arsenic*, in such cases as I have described, is frequently prescribed by our opponents. Such is the advance our views are steadily making.

As to the dose, the old school, who cannot rid themselves of old prejudices as to dose, give it in unnecessarily large ones, and *after* food, in order to prevent its pathogenetic effect. This is quite wrong. The curative results are admirably obtained by much smaller doses. We prefer to give the minimum, not the maximum, dose, which will be curative, and so we always give it on an empty stomach, and if the dose is suitable this is infinitely the best plan. Perhaps the most generally employed, and most successful dose, is the 3rd decimal, two minims of which are equal to a quarter of a minim of the *Liquor Arsenicalis* B.P. This latter is an excellent

preparation, and acts admirably in this small dose. Certain patients are very susceptible to its action, and to these we require to give the 3rd centesimal, the 6th or even the 30th, and with equally successful results.

The next medicine I shall bring under your notice is a very interesting and important one, and one that till quite recently has never been heard of as a medicine outside of our school of practice, viz., *Lycopodium*: the spores of the *lycopodium clavatum*, or Club-Moss. In the old school it is supposed to be an inert powder, and as such is used simply for powdering pills to prevent them sticking together, though one would have supposed that its use in pyrotechnics would have led men to suspect that it was something more than a mere inert powder. Its medicinal value is developed, as Hahnemann pointed out, by the process of careful trituration with sugar of milk, which breaks up the spores and permits of the exudation from them of a peculiar oily matter, in which probably the medicinal virtue resides. When speaking of *sulphur*, at my last lecture, I named it as a type of certain medicines which have an essentially *chronic* action in medicine, and one whose characteristic is what, quoting from the late Dr. Bayes, may be called "venosity." That is, it produces and cures disorders of a chronic or sluggish type, connected with organs which become congested, not in an acute or arterial manner, but in a passive, chronic, or low condition, when the venous system becomes engorged, and the symptoms produced are of this type. *Lycopodium* is one of these, and I shall try to draw a picture of the *lycopodium* case.

There is, you find, in the patient, a general depression of vital power. All the organs act sluggishly, there is a want of energy, depression of spirits, wasting of tissue, and cold extremities; in fact, as I have said, a general vital depression. It corresponds largely with the gouty diathesis, not the acute type, but the hereditary gouty state that one meets with so often in practice. Like *bryonia*, it shows its action chiefly on the right side of the body, affects all mucous membranes, causing a low or chronic type of catarrh; it affects the liver very markedly in the same sluggish chronic type; the kidneys, or rather its secretion, the alteration being dependent not on the kidneys themselves, but on the constitutional dyscrasia, which causes the abnormal urine; and the skin, which

always suffers where mucous membrane is unhealthy. In the mucous sphere, we find a catarrhal state of the nose, causing free, thick secretion, both in the anterior part with frequent blowing of thick secretion, and in the posterior portion producing phlegm from the back of the nose which comes down into the throat and mouth. In the throat we find a relaxed, red state of the pharynx of the chronic type, with mucus adhering to it, and causing cough with phlegmy expectoration. In the bronchial tubes it causes a chronic catarrhal condition of a passive type, and in the lung substance it shows its power in aiding much the removal of chronic, sluggish, or passive engorgement, when associated with the general state of depressed vitality characteristic of *lycopodium*. Coming now to the digestive tract, we find here one of its great spheres of action, and you will note that the same chronic, passive catarrhal state exists, with sluggish circulation and marked depression. The tongue is coated with a whitish mucous covering; there is often a mawkish or salt taste in the mouth, loss of appetite, and distaste for food. Digestion is slow and difficult. There is often an absence of any pain proper, but a sense of fulness and uneasiness, with flatulence, sour risings, and waterbrash, and even vomiting of food. The liver becomes engorged, often distinctly enlarged, and uneasy on pressure, but there is nothing acute in this state. It is passive, venous, and of the chronic type, and the want of free flow of bile is seen by the pale, costive motions. There is frequently uneasiness or actual sharp pain in the region of the liver, but this pain is in many cases not so much due to the liver itself as to the distended colon, which presses up on the liver. In fact, this distension of the colon is one of the most marked features of *lycopodium*. I have often seen it causing tympanitic percussion-note for 3 inches above the lower level of the ribs. The flatulence does not pass up or down, but remains there distending the bowel, and causing uneasiness and fulness. Wherever this colon distension exists, you will almost certainly find *lycopodium* required. There seems to be, as part of the sluggish, depressed state of vital power, a weakness in the muscular contraction or peristaltic action of the bowels, leaving them distended with flatus instead of their passing it on and expelling it. The flatulence of *lycopodium*, though

present in the stomach, is chiefly marked in the large bowel, but not only in the colon, but the whole of the intestines become distended and tympanitic on percussion. When the flatus does pass it is chiefly downwards, and then there is great relief. This debilitated action of the intestinal muscular coat is constantly found in connection with passive or venous liver congestion, and both are invariably associated with depression of spirits. Things look gloomy and wrong, and the patient cannot be bright and happy. This distended condition comes on mostly in the afternoon or evening, between 4 or 5 p.m. and 9 or 10 p.m. We thus find that the *lycopodium* patient is worst after late dinners, the uneasy distension beginning an hour or two after the meal, and frequently lasting well into the night, making him wakeful and restless. It very often is then associated with more than mere uneasiness—actual pain, not relieved by changing position, and producing restlessness. This aggravation of symptoms in the evening and towards night is very characteristic of *lycopodium*. In such a condition the stools are invariably costive and difficult, and pale in colour. The sluggish congestion of the liver is apt to cause piles from the venous loading of the portal system and the hæmorrhoidal veins. And as I have already said, when flatus passes it is chiefly downwards. The urine is characteristically affected, being high coloured, over-acid, and loaded with lithates, or with uric acid crystals. This whole state is commonly found in patients of a rheumatic or gouty constitution, the inherited form, in which in itself *lycopodium* is one of the most valued remedies.

This picture of *lycopodium* you will see corresponds to numerous cases met with in medical practice. Let me once shortly run over the cases of gastric catarrh or dyspepsia, suited to *lycopodium*. The patient is of the rheumatic or gouty habit, there is general vital depression, sluggish circulation, tendency to passive engorgements of the liver, the bronchial tubes or lungs. There is marked depression of spirts, bad taste, coated and slimy tongue, sour risings after food, and flatulence, fulness of liver, and of the portal circulation, great abdominal distension, of the whole abdomen or of the colon, worse in the evening and the early part of the night, causing

restless uneasiness and disturbed sleep, and in the morning, coughing up of phlegm and dryness of the throat, bowels costive, stools pale, and the urine loaded with lithates or uric acid. The extremities are cold and bluish, though often during the night the feet, in reacting from the cold, become burning, as also the hands, obliging the patient to put them outside the bed clothes for coolness. This also is a gouty or rheumatic symptom. In such cases, the curative action of *lycopodium* is beautiful. I do not know what we should do in practice without this unique medicine. The old school know not what they throw aside in remaining in wilful ignorance of it. Under its use, the flatulent distension, the sluggish catarrhal state, the liver engorgement, and the constipation disappear in a remarkable way. I have seen very large livers due to this passive engorgement, reduced to normal size in a very short time under its use, while the spirits improve, and the patient becomes a new being. As to the dose of *lycopodium*, it is much more employed by those who habitually use the higher and medium dilutions, than by those who usually prescribe strong or crude doses of medicines. I myself, as a general rule, prefer the 3rd centesimal trituration. In fact, I nearly always select this strength to begin with. Others use the 3rd decimal, but my preference is for the 3rd centesimal, and I should go higher rather than lower. The 6th, the 12th, and the 30th answer beautifully, especially in those who are sensitive to drugs in general. Next to the 3rd, my favourite dilution is the 12th.

I now come to two drugs which are common to the pharmacopœias of both schools, on which I must say a few words, viz., *Ipecacuanha* and *Antimony*, the use of both of which in gastric catarrh is probably new to my hearers of the old school, though the homœopathic use of *ipecacuanha* in sickness and vomiting has been popularised by Ringer.

1. *Ipecacuanha.*—Its action on mucous membrane seems to consist of a mixture of the neurotic and the catarrhal element. This is evidenced all through its sphere of action. In the bronchial mucous membrane it is shown by the catarrh causing characteristically the spasmodic form of cough, of which whooping cough is the type, the asthmatic wheezing and tightness of chest,

and the easy way in which the cough causes vomiting and retching. In the bowels it is seen by. the diarrhœa so often caused in children, who are treated by emetics of this drug, the diarrhœa showing frequently the dysenteric type, with spasms or tenesmus of the rectum; and in the stomach, by the easily excited vomiting going on after food is expelled, to empty retching. This view of the *ipecac.* irritation explains and points out the condition of catarrh of the stomach where it is so valuable. The catarrh is of a mild type, little or no pain, but with distaste for food, nausea after all food, and often a sense of constant or continued nausea, going on easily to vomiting or empty retching on the least provocation. The tongue is usually not much coated, often fairly clean, but if coated it has a yellowish slimy covering. Still more, if there is a tendency to diarrhœa, either simple or dysenteric in type, and again still more, if with this gastric catarrh there is bronchitis or bronchial catarrh of the asthmatic type with spasmodic fits of coughing producing vomiting or retching, will *ipecac.* be called for. In fact, one can often notice, in treating a bronchitic case of this type with *ipecac.*, how, with the relief of the chest symptoms, the tongue cleans when coated, and the appetite returns—in fact, the accompanying gastric catarrh is cured. And in such a case of gastric catarrh as I have described, *ipecac.* acts beautifully, clearing up the symptoms, stopping the nausea and vomiting, and recovering the appetite. And, again, as a palliative, where some other drug may be more indicated for the whole case, but when nausea, frequently recurring, is a troublesome and distressing symptom, we can get great help and relief to the patient by giving *ipecac.* intercurrently—say, every ten minutes or quarter of an hour, when the fit of nausea comes on. It is unnecessary to dwell on the meaning of the use of *ipecac.* or its rationale in nausea and vomiting. It is so palpably homœopathic that it seems waste of time to discuss it. From the days of Hahnemann till the day when Ringer published his first edition, the use of *ipecac.* in sickness was simply jeered at, and that such a small dose as one drop of *ipecac.* wine could have any action at all, was thought a piece of fond imagination. But when Ringer first wrote, his statement came like a dynamite bomb on the minds of the old school. The late

Dr. Anstie, in reviewing his book in the *Practitioner*, could not pass by such a remarkable statement, and as he could not fail to see the meaning and bearing of it on the homœopathic question, he escaped, as he thought, from the difficulty, by saying that it was not homœopathy at all, but that evidently *ipecac.* had a "tonic action on the vaso-motor nerves of the stomach." This is, of course, quite true, but as I said of *arsenic* and a similar argument, it is simply throwing dust in the eyes of the reader, and endeavouring to obscure the real point at issue by ignoring facts, and taking shelter under theory. The real point is, does *ipecac.*, or does it not, cure in small doses an exactly similar state to that which it causes in full doses? The answer can be only one. Theory may be right, or it may be wrong, but the fact remains, and this is the essential question to settle in looking into homœopathy. We maintain that this *is* true of all medicines, of which you have had two excellent illustrations of the fact to-night in *arsenic* and *ipecac.* The mutual pathogenetic and curative relations stand before one so clearly, that, putting aside theory, the main fact of the relation of similars, or the homœopathic one, is patent to any one who does not wilfully close his eyes to facts.

In prescribing *ipecac.* it is not necessary to use infinitesimals. Excellent results are obtained by the low dilutions, as 1x, or if you use the *vinum ipec.* B.P. drop doses act beautifully. And, in fact, the majority of homœopaths use the lower in place of the higher dilutions, though, of course, higher ones as the 3rd or 6th answer admirably.

Next of *Antimony*, which in many points has a close relation to *ipecac.* Like it, it has a marked action on the mucous membrane and in the stomach region; its well known effects are nausea and vomiting. *Antimony*, however, possesses the well-known power of depressing vitality to a marked degree, so much so that in allopathic practice it is supposed to be contra-indicated when the patient is weak and already vitally depressed. This, for fear of dangerously increasing the depression and weakness. Its action on mucous membrane is to cause a marked amount of catarrh with much mucous secretion, going on to actual inflammation. This we see prominently in the bronchial mucous membrane. Its

use in certain forms of bronchitis is common to both schools, and while its value is universally acknowledged by the old school, it is not so generally known by them that it actually produces bronchitis of this type.

This, however, the provings, both from our Materia Medica, and also from the testimony of old school writers on medico-legal subjects and on Materia Medica, clearly show. Its use, therefore, in bronchitis is homœopathic, and when allopaths prescribe it they are unconsciously applying the law of similars. The form of bronchitis where *antimony* is indicated is when there is much secretion of mucus in the tubes, and when one hears, with the stethescope, loud mucous rales. Its value in pneumonia also is well known, and it is specially in catarrhal pneumonia that its value is seen. This one might expect from its powerful bronchitic action, On the stomach and bowels we see a similar action. There is a sense of uneasiness or weight in the epigastrium, going on to actual pain in some cases, with marked nausea and vomiting, loss of appetite and disgust for food. The vomited matters contain much mucus. The tongue is very characteristic, and quite different from that of *ipec.* or from that of any other drug. It is covered with a uniform white, smooth, creamy coat, as if cream had been smeared over it. This tongue is so characteristic that whenever it is present in a case of gastric catarrh *antimony* is indicated specially, and will be found to meet the whole case. The bowels are similarly affected, diarrhœa being a marked symptom. And withal, there is a state of pronounced weakness and depression of vital power. This, so far from being a contra-indication, is with us a strong indication for it. Such cases are not so frequently met with as other forms, but when this weakness is present, when the specific tongue is visible, with nausea, vomiting, loss of appetite, and disgust for food, *antimony* acts beautifully. We use two preparations, *antim. tartaricum*, or *tartar emetic*, and *antimonium crudum*, or the purified one, in trituration, or tincture after a certain amount of dilution. The former, *tartar emetic*, is preferable in more acute or severe cases, and the latter, the *ant. crud.*, in more chronic or less severe cases. The question of dose here is interesting. Of course, it stands to reason that if the drug is used at all in gastric catarrh, which it never is

in old school practice, the dose *must* be a small one—smaller than will produce its pathogenetic action—else the patient is made worse instead of better. I generally use of *ant. tart.* the 3rd decimal or the 2nd decimal, and of *ant. crud.* the 3rd cent. trituration, or the 5th or 6th tinctures. Insoluble and metallic preparations are with us used in trituration up to the 4th centesimal, after which the 5th or 6th are in tincture. The rule for the homœopathic dose is that it must be less than will aggravate the symptoms. How much less is a question for individual experience. And it is instructive to note that when *antimony* is used by the old school homœopathically, that is in bronchitis and catarrhal pneumonia, the dose to be successful must be less than will nauseate or depress. In former days, when pneumonia was treated with full or nauseating doses of *antimony*, the mortality, as is well known, was very high—enormously higher than when no drug treatment at all was employed. This is just what we should expect from the homœopathic view of drug-action. And Dr. Gairdner, of Glasgow, in his Clinical Lectures, puts the case and the rule of dose very clearly. He says that the curative action ceases as soon as nausea—the pathogenetic action—is developed, and that the dose must always be less than would produce nausea. He further states that when this rule is adhered to, the existence of weakness and vital depression are no contra-indication to the use of the drug, but the reverse. This is just precisely what homœopathy has taught ever since Hahnemann.

I must now say a few words as to the precise place of *Cinchona* (*China*) or *Quinine* in the treatment of gastric disorders. This in the old school is the sheet-anchor in certain forms of dyspepsia, and is prescribed by the rule of thumb as a "tonic;" and when we prescribe *quinine*, we are often told we are treating our cases allopathically. Now, any one properly acquainted with his Materia Medica could not say so. *Cinchona*, or *quinine*, are as purely homœopathic to certain cases of dyspepsia as any of those drugs which are peculiar to our Materia Medica. To show this, one does not need to appeal to homœopathic provings, as in all good and careful books on drug-action you will find that *quinine* in over-doses produces loss of appetite and a sense of uneasiness after food. It also, as we well know, causes headache and

giddiness, with a marked sense of general weakness or exhaustion. The power of *quinine* to produce symptoms of the intermittent type is also tolerably well known. We see at once, then, what is the case indicating *quinine* or *china*. It is not one of gastric catarrh, with foul tongue, &c. This is generally known in the old school, where a previous course of purgatives and alteratives is given in preparation for it. But it is a case of dyspepsia proper. The patient has little or no appetite; there may be at first a slight sense of hunger, but after the first few mouthfuls the appetite is gone, a feeling of satiety is felt, and a heavy uneasiness in the stomach results. The bowels are generally fairly regular. There is headache, either a general fulness across the forehead, or, still more characteristic, a one-sided—generally left-sided—headache, evidently neurotic, and if this headache is intermittent, coming on at a regular time of the day or night, so much the more is *quinine* or *china* indicated. With this headache, giddiness, or buzzing in the ears, may be present, and withal a feeling of bodily weakness and unfitness for any exertion without fatigue. This is the *quinine* case. It requires no mixture with other drugs, and works like a charm. In fact, its action in the suitable cases answers well to the word "tonic." The reason why *quinine* is less frequently presented in our school than in the old school is, that we differentiate our cases so much more carefully, and avoid prescribing a "tonic" as a matter of routine. But in suitable cases it is a beautiful medicine, and is strictly homœopathic to the case I have sketched. As to the dose of *quinine* it need not be infinitesimal, but, on the other hand, the largish doses prescribed in the old school are unnecessary. So often we are told by patients that they "cannot take *quinine*." This is a mistake. Every one can take it if the dose given is the right one, and those who say they cannot take it are just those who are sensitive to medicinal action, and develop the pathogenetic effects from the usual allopathic doses, and they are convinced of this by finding the beautiful effects of the drug when in a very small dose. To those who are not thus sensitive, I find, in my experience, that $\frac{1}{10}$ to $\frac{1}{4}$ of a grain is amply sufficient, while to those who are sensitive to drug-action, $\frac{1}{100}$ of a grain (or our 2x dilution) or even $\frac{1}{1000}$, our 3x dilution, answer beautifully, developing the curative

without any trace of the pathogenetic action. When choosing *cinchona* (our *china*) in preference to *quinine*, I use the 1x dilution, or in sensitive patients the 3rd centesimal.

A few words now on *Hydrastis Canadensis*, which is now largely advertised by allopathic chemists as one of the so-called "new" remedies.

Hydrastis has a special elective affinity for mucous membrane and for the liver, and besides produces a general malaise or dyscrasia. The action on mucous membrane is most markedly seen in the pharynx and the throat generally, the stomach and bowels, and in the bile-duct. In the throat it produces a catarrhal irritation, showing itself by redness, sense of dryness or uneasiness, and secretion of mucus adhering to it. This state goes up into the nares and downwards to the trachea. On the stomach it causes a decided amount of catarrh, evidenced by sour risings, uneasiness after food in the stomach, retching, and loss of appetite. The tongue is a marked feature of its pathogenesis. It is fairly clean at the two sides and tip, but down the centre of it is a broad, yellow, slimy coat. This tongue indication of gastric catarrh is so characteristic that I look on it as an almost certain sign that *hydrastis* will be the right medicine. There is a bad taste in the mouth—a slimy, disagreeable feeling. On the liver and bile duct its action is very decided. Catarrh of the bile duct evidently exists, and with it a certain uneasiness or pain in the region of the liver. The complexion becomes sallow, the stools costive and pale from absence of bile. With this state there is a sense of lassitude, malaise and depression of spirits, and of such an appearance as might suggest the existence of malignant disease. This sketch indicates the case of gastric catarrh and dyspepsia calling for *hydrastis*; the special tongue, with the yellow stripe down the middle, the gastric uneasiness, the loss of appetite, the involvement of the liver, or at least of the bile duct, the pale, costive stools, and the general lassitude, malaise, and depression. In such cases it is a most valuable remedy. The dose generally used, and which I always employ, is the 1st decimal, 1—5 drops, or drop-doses of the mother-tincture.

I have not yet exhausted all our remedies for dyspepsia and gastric catarrh, but time obliges me to curtail my

further observations. I have sketched the picture of the principal homœopathic remedies, and you will observe how each is different from any other. Each has an individuality about it that enables one to select the right remedy, and obviates the necessity of mixing different drugs. The more you individualise each case, and study the individuality of each medicine, the easier it becomes to prescribe, and the more successful is the result.

I wish I had more time to have spoken of *Mercury* in its different preparations. One or other is frequently required in gastric catarrh, both in its subacute and chronic forms, especially when, as is often the case, the liver is likewise involved. I pass it over thus hurriedly, as its action is so well known to both schools, while its use is strictly homœopathic. Also I wished to have spoken of *nitric acid*, which comes in of such value when the main catarrhal condition is cured, and a state of simple feebleness of digestion, with poor appetite and general weakness, remains.

But in bringing this lecture to an end I must notice one drug which is practically unknown to the old school, and has a very marked sphere of its own—*Baptisia Tinctoria*, or the wild indigo. It is almost entirely required and used in acute and sub-acute gastric catarrh. It causes a marked inflammatory, catarrhal state of mucous membrane, especially the gastro-intestinal part. The tongue is sometimes coated, but more often red and dry, the appetite is gone, there is marked thirst, and diarrhœa with abdominal uneasiness. And more especially, and to be noted well, it causes a marked fever. The pulse is quick but soft, the skin dry, the head hot and aching, and the fever—not like *aconite*, which has the sthenic type—is of the low form, with weakness and tendency to remissions, falling in the morning and rising at night, In fact, it corresponds with what one may correctly term "gastric fever"—not typhoid—but acute, inflammatory catarrh of stomach and bowels, with rather high fever. Such cases are not by any means infrequent; they are often called "simple continued fever," and last for 10, 12, or 14 days when unchecked. The indication for *baptisia* is in the type of fever, the low and remitting type as distinguished from the sthenic, and the marked gastric symptoms, of which

vomiting and entire loss of appetite are prominent features. In such cases *baptisia* is of marvellous value, bringing the fever quickly down, and changing an illness of 10 to 12 days into one of 2, 3, or 4 days. When *aconite* has been given for the fever of such a case it will often fail, as not being thoroughly indicated, when if *baptisia* is substituted you may get down the temperature to normal in 24 hours. And not only in acute cases is it valuable, but in others more of the chronic type, when there is the tendency to febrile exacerbation at night, or when there is a feverish feeling to the patient, with thirst and dryness of the mouth. It will soon clear off this condition, and pave the way for other remedies that are indicated. The dose I have found best is the 1x dilution in 2 drop-doses every 2 or 3 hours, according to the severity of the fever and other symptoms.

I had hoped to have found time to discuss the homœopathic treatment of constipation, but though it has been incidentally alluded to in connection with several of the medicines, I find it quite impossible to enter into the subject. To do so fully and satisfactorily would require an entire lecture. I must therefore reserve its consideration to a future occasion. I thank you, gentlemen, for your kindness and courtesy in listening to these sketchy lectures.

CASE OF EPIDEMIC INFLUENZA.

Hyperpyrexia—Death.

By Vincent Green, M.B., C.M.

This case was throughout its course most interesting and obscure. It emphasised the difficulty in coming to a diagnosis, where hyperpyrexia is unaccompanied by physical signs, and it also showed how fallacious it is to diagnose from subjective symptoms alone a basal pleurisy, or a pneumonic patch that has not yet reached the surface.

The case was that of a strong young gardener, æt. 33, who was admitted under the care of Dr. Neatby on August 28th. As regards previous history he was a staunch teetotaller and had never known a day's illness.

During the past summer he has had occasional attacks of giddiness, but never sufficient to incapacitate him for work.

Three days before admission, whilst working on a greenhouse, he was suddenly seized with severe stabbing pain in left axilla, and fell to the ground. After a short time he managed to walk home and get to bed. Pain got slightly better towards evening. He was a little delirious during the night. The next day he was better and went out for a walk, but pain became so severe that he had to go back to bed. Seen by Dr. Neatby. He seemed half dazed, did not complain of head however, the only trouble being persistent pain in axilla. He became very feverish during next day or two, and nightly delirium increased. He was brought to hospital on the morning of the 28th inst. On admission temp. was 105, well-marked malar flush with dry skin, pupils equal moderately dilated, resp. 30. Patient stops abruptly in the middle of each inspiration and winces with pain which is referred to left axilla. Nothing abnormal could be detected in the thorax, either lungs or heart. Urine high coloured, no albumen. Tongue slightly reddened, not furred. Bowels acted soon after admission, motions natural. When questioned answers rationally, but in slow dazed fashion. *Acon.* and *bry.*, milk and B.T. The pain became very severe during the afternoon, was relieved by linseed poultices to side and back. Was slightly delirious during night. On 29th about same, pain still very severe. Temp. at 8 a.m. 101. Thorax and abdomen carefully examined, with negative results. Muttering delirium and restlessness were more marked the following night (temp. at 12 a.m., 105.2), and when seen the next morning patient was decidedly worse. Did not recognise those around him, and was continually trying to get out of bed. Resp. 30. Has been crying out with pain in axilla. Pulse 120, very weak. Temp. at 12 p.m. 105.2. Tongue, if anything, slightly redder, otherwise is as on admission, almost normal in appearance. Takes milk and beef tea, *bry.* and *phos.* in alternation. Patient got steadily worse during the day. In afternoon temp. rose to 106, pulse becoming extremely weak, rapid and irregular. Patient was then sponged and temp. fell two degrees, but a few hours later had risen again to 106. About 7 o'clock an

ice pack was applied and *stroph.* and brandy given internally. The temp. again fell and patient broke out into profuse perspiration and seemed much easier. Symptoms of hyperpyrexia, however, returned. Temp. rose above 106, coma rapidly supervened, pulse became imperceptible at wrist, and hypodermic of *strychnia* was given without producing the slighest effect, and patient died at 9.15. Post-mortem 12 hours later, rigidity not very marked, neck and face livid. Examination of thoracic cavity revealed slight congestion at both bases posteriorly, with a few old adhesions on posterior surface of right lower lobe; left ventricle of heart was firmly contracted (heart otherwise normal); blood fluid and dark. The surface of brain was slightly congested; sections were made in every direction, with negative results. The abdominal viscera were then examined, the spleen was congested and enlarged, intestine almost empty, rather anæmic, no sign of ulceration.

Date.	Medicines.	Diet.
Aug. 29th	*Acon.* 1x } gtj. alt. *Bry.* 3x } 2 hrs.	Milk B T
,, 30th	*Bry.* 3x } gtij. alt. *Phos.* 4x } 2 hrs.	Brandy ʒij. 2 hrs.
,, 30th 7 P.M.	*Stroph.* ♏v. 2 hrs. alt. with brandy	

CONSULTATION DAY.—LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. WASHINGTON EPPS.

[The object of these open consultation days at the hospital is to give an opportunity to practitioners who have interesting or difficult cases, to obtain the consulting opinion of the hospital staff. All medical practitioners are invited to be present on these days.]

THREE consultations have been held, Dec. 1st and 15th, and Jan. 5th, and have been well attended. Ten medical men attended on the first day, eleven (including

five visitors) on the second and seven on the third. Several of the cases exhibited were most interesting and instructive.

On Dec. 1st four cases were shown.

1. A case of *double congenital hip dislocation*, in a boy of twelve years, exhibited by Mr. Gerard Smith.

In this case nothing abnormal was noticed until the child began to try to stand, this he did not accomplish until he was two years old, and he was a further three years learning to walk.

His present condition showed the peculiar "Jack ashore" walk, with marked lordosis of the spine. The great trochanters faced outwards as usual but were almost on a level with the base of the sacrum, and the heads of the femora glided in every direction over a limited space of the iliac bones. The muscles of the nates, thighs and calves were very highly developed from their constant use in sustaining almost the entire weight of the body and in keeping it balanced. This apparent pseudo-hypertrophic condition was really an extreme muscular development due to extra demand.

The case showed that a better condition can be accomplished by natural muscular development, than by a long continued mechanical interference, as artificial retention of the heads of the femora in one position, say for two years, and then systematic muscular exercises.

In this case the boy retained full bodily health and strength, which he probably would not have done under a two years' confinement. He was able to join in games with other boys. His power of getting up from kneeling or when sitting on the ground was remarkable.

The femora had taken up a position of approximate fixation, not straying beyond a limited area, which area was gradually diminishing. The movements of the thighs were free, the walking was improving, the lordosis was decreasing and there was no equinus or other deformity of the feet.

2. A case of *nystagmus and head nodding* in a boy of four years, exhibited by Dr. Byres Moir.

The nystagmus and head nodding were first noticed at two months of age, and had continued ever since. On making the child look at anything, there was marked horizontal nystagmus of both eyes, with

horizontal jerking of the head to the left. The left leg was smaller than the right, and there was staggering gait.

Very little patella reflex was present. The boy was very restless at night, started up screaming and talked about what he has learnt during the day.

Mr. Knox Shaw examined his eyes and reported:—"Cannot test distant vision, marked lateral nystagmus, fundus normal. Hypermetropia under *atropine* = + 4 D," and ordered glasses = + 2.5 D sph.

Previous history.—The birth was a prolonged and difficult one, but without instruments. Teething had been normal and there had not been any convulsions.

Dr. Moir remarked that Dr. E. A. Neatby in the 1st vol. of the L. H. H. reports gave a table of eleven cases. Most of these seemed to be associated with teething, and the symptoms abated after the milk teeth were cut, whereas in this case there was more probably some permanent central lesion about the pons. The patient was taking *gelsemium* 1x.

3. A case from Dr. Burford's clinic of a *multilocular ovarian cyst.* The special feature of this case was the extreme thinness of the abdominal walls, so that every part of the cyst, which was very irregular in outline, could be most accurately defined. The cyst was connected with the right ovary, and filled the greater part of the right abdomen. The woman was 32 years of age, and had had five children. The case will be admitted for operation.

The fourth case was one of *ulcerative endocarditis* in a child of 12 years, which Dr. Byres Moir showed in Barton Ward.

The child had had acute rheumatism in April, 1891, and also a sub-acute attack in June 1893. She had suffered from heart symptoms ever since the first attack. Both parents and two brothers were healthy. One sister was consumptive.

On admission Oct. 10th, besides the usual symptoms of articular rheumatism, the heart was found to be much enlarged, reaching to the 7th interspace, one inch external to the nipple line. There was a loud mitral systolic bruit and a suspicion of an aortic systolic bruit. There was no cardiac pain and she was somewhat

anæmic. *Spigelia* was given until Oct. 25th, but without improvement.

The temperature, which had been only slightly raised since admission, now went up to 101° every night. *Acon.* ϕ ♏i was given every half hour for five doses at night to reduce the temperature, and with apparently good effect for two days, after which it rose to 102.4° on three nights and rather lower on several subsequent nights. *Veratrum* v. 1x ♏ii p. d. was given from Nov. 4th to 15th, when *arsen. iod.* 3x was substituted as there was diarrhœa, which continued for several days and was eventually checked with *china* 1x.

The temperature afterwards remained very irregular, at night being 101° and higher, and in the morning 99°. On Nov. 29th a red swelling appeared on the dorsum of the left foot, which remained for a few days. The same day the aortic bruit was found to be much more distinct. The next day, numbness of the right arm and right side of the face were noticed. Patient was now much more anæmic and of a yellowish tint. On Dec. 1st the temperature rose to 103.4°. The pulse was hyperdicrotic and varied from 100 to 140 per minute.

On Dec. 4th *crotalus* 12 was given, after which the temperature gradually fell and was normal for two days, but afterwards again increased. Since the consultation the case has gone from bad to worse, and the patient died Jan. 3rd.

The special point in the case, at the time of the consultation, was the alteration in the character of the aortic bruit concurrently with the appearance of the swelling of the dorsum of the foot and the numbness of the right arm and right side of the face, the later symptoms being probably due to thrombosis.

At the autopsy, the liver, spleen and kidneys were found to be much enlarged. There was some albuminuria during the last week of the illness. The condition of the heart will be given in the next report.

On Dec. 15th six cases were shown.

The first was a case of *abdominal tumour* in a female, aged 59, a patient of Dr. Murray's, of Folkestone. This patient had enjoyed good health and led an active life until six years ago. She married at 24 and had had 10 children and no miscarriages.

Patient's father died of gangrene at 73; her mother at 76 of bronchitis; one sister of phthisis, at 31. She has two brothers and three sisters living and healthy. A maternal aunt had died of a malignant abdominal tumour. Six years ago patient had considerable pain in the abdomen. Five years ago she had a severe fall and dislocated her right shoulder.

For the last two years she had been troubled with indigestion and flatulence, with either diarrhœa or constipation. She had lately become aware of an increase in the right side of the abdomen, which she said varied in size.

Dr. Murray first saw her on Nov. 28th, when she was suffering from severe pain in the abdomen, with some nausea but no sickness. The appetite was normal and the bowels regular.

On examination he found a tumour of considerable size in the right side of the abdomen, extending across the linea alba into the left iliac region. The greatest prominence was in the middle line, a little below the umbilicus, and having the appearance of a smaller swelling surmounting a larger one. The tumour was not very hard, it was irregular in outline, about the size of a child's head and moved with respiration, the percussion note was dull all over the tumour.

At the consultation the tumour was found to be freely moveable, with apparently only slight adhesions, and distinct fluctuation, the abdominal cavity being free from fluid. A tympanitic line of demarcation between the liver and the tumour could be fairly well made out.

Per vaginam, the uterus was found displaced upwards and to the right, the os being turned forwards and situated behind the symphysis pubis.

The skin over the tumour was free from enlarged veins, freely moveable and healthy.

The case was diagnosed as one of multilocular ovarian cyst, and will probably be admitted into the hospital for operation.

The second case was a very interesting one of *congenital tumour of the buttock* in a female child of 8 months, which Mr. Knox Shaw showed.

The tumour was noticed at birth, and has grown considerably since, though the mother states that it

varies at times in size. Family and personal history is in every way excellent.

The notes made by Dr. Lambert, the resident medical officer state :—

"As the child lies on her stomach, the left buttock is decidedly larger than the right, and the anal cleft is partly filled up. At the upper part of the swelling is a distinct tumour, bluish in colour, and with a dimpled surface. It is very soft, non-fluctuating and about the size of a tangerine orange. The swelling consists of two lobes, one in the position of the left buttock, fairly moveable, solid and elastic to feel, and with a well defined edge; the other, a smaller lobe, underlies the anal cleft and is firmly attached to the underlying bone."

The tumour was punctured with a hyperdermic syringe, but nothing was withdrawn. Shortly after this, the tumour increased slightly in size.

Three months later, signs of inflammation appeared over the tumour and an operation was performed; an incision was made in the median line over the tip of the sacrum and coccyx, and a cyst was opened, from which some thick green-coloured inodorous matter (meconium?) escaped. A distinct encapsuled tumour was then removed. A lateral incision to the left was then made, and on further dissection a fibrous band was divided, whereupon a mass resembling a coil of bowel protruded and became distinctly enlarged and more tense whenever the child strained. The other tumour beneath the dimpled part of the skin was not interfered with.

Four days after the operation some thick fæcal-smelling pus escaped from the wound, but apart from this, the patient's state was good.

The growth removed was about the size of a small chestnut. A section through it showed its superficial part to be hollowed out into an irregular cavity, the walls of which were smooth. The deeper parts were of a more solid nature, and contained a few cysts of the size of sago grains.

Microscopic sections of the tumour were made by Dr. Lambert and examined by Mr. Dudley Wright, who reported that a section taken from the superficial part showed the interior of the large cavity referred to above, to be lined by mucous membrane covered with villi

identical with those found in the small intestine, but no trace of Lieberkühn's crypts or lymph follicles could be found. The greater part of the section was composed of unstriated muscular tissue, which surrounded the mucous membrane both longitudinally and circularly.

Outside and between the various muscular bundles were masses of reticular tissue and white and yellow elastic fibres. Other spaces containing intestinal mucous membrane were present, and one space contained numerous epithelioid cells similar to those found in the alveoli of scirrhous carcinomata, many of the cells undergoing fatty degeneration.

A section of the deeper part of the tumour contained chiefly yellow elastic and retiform tissue and only a small amount of muscular tissue. In the ground substance were masses of fatty tissue, and in these accumulations, numerous small tortuous arteries were present. Further, in various parts of the same section, masses of embryonic cells were present, some of which were distinctly seen developing into blood vessels, and others into connective tissue.

The third was a *throat case*, sent up by Dr. Gilbert of Reigate. It proved to be a case of chronic pharyngeal catarrh, with aphonia due to weakness of the laryngeal muscles, and some enlargement of the thyroid gland. The treatment suggested was *phytolacca d.* internally, and a glycerole of *hydrastis* or *phytolacca* topically.

The fourth was a case of *peliosis rheumatica* in a boy of 7 years, from Dr. Roberson Day's clinic. Both legs below the knees were much swollen and œdematous, very tender and painful; and here and there were scattered the characteristic red raised patches, purpuric spots and bruises of this rheumatic variety of purpura. The case was a typical example of this somewhat rare disease. The treatment suggested was rest in the horizontal position.

The fifth case was one of a *fungating tumour of the breast*, of twelve years growth, in a woman of 68 years. The tumour was exhibited by Dr. Mason, of Leicester, who had removed it on the previous day.

The tumour was first noticed by the patient some twelve years previously, since which time it had steadily increased in size. Rather more than two years ago the

skin covering the tumour ulcerated and a fungating mass began to form. The tumour from this time grew very rapidly until it became of enormous size, having a distinctly malignant appearance. Parts of the tumour frequently became gangrenous and sloughed away. The patient several times assisted this process by tying pieces of string round the projections which caused them to slough off. The glands in the axilla continued throughout unimplicated. The patient wasted considerably under the constant drain of most offensive discharge and hæmorrhages, and became very anæmic and cachectic.

The tumour was ablated on Dec. 14th in the usual manner, the incisions being carried well into the healthy tissues. The operation was accompanied by considerable hæmorrhage, which necessitated the ligature of several small arteries. Dr. Mason was assisted by Drs. Geo. Clifton and Shearer.

After removal the tumour was found to weigh 4¼ pounds. The general appearance of the tumour bore a typical resemblance both in shape and size to a large cauliflower.

Dr. Lambert kindly examined a section of the tumour under the microscope and found the growth to be a fibro-myxoma.

Four days after the operation the patient was progressing most satisfactorily.

(To be continued.)

REVIEWS.

Therapeutics of the Serpent Poisons. By JOHN H. CLARKE, M.D. London Homœopathic Publishing Co. 1893. Pp. 31.

THIS little essay—one of the post-graduate lectures delivered at the London Homœopathic Hospital—gives a very fair abstract of the symptomatology, as confirmed by clinical observation, of the poisons of the lachesis trigonocephalus, the crotalus or rattlesnake, and the cobra de capello, together with a brief reference to less carefully and fully proved reptile poisons.

In a few introductory sentences, Dr. Clarke points out the value of homœopathy in enabling us to utilise for therapeutic purposes, substances which no other method of studying and putting into practice the properties of substances capable of disturbing or of injuring man's health, enables us to do. He

goes further than attributing our ability to use these preparations to the law of similars, by ascribing it also to the "law of dynanisation." There is no such "law." The theory of dynanisation was simply put forward to explain how it came about that particles so infinitesimal as those of the 30th dilution is adequate to cure disease. The fact that in some instances the 30th dilution has power to cure disease is true enough, but that it has this power by virtue of development through rubbing and shaking has never been *proved*. It is just as probable that the infinitesimal particle is better adapted to influence the disease for which it is prescribed, or the sensitive organism of a "prover," than coarser quantities, but this theory has never been proved yet. In short, all we actually know is that the symptoms said to have been excited by Hering's provers when taking *lachesis* 30, have been found by those who have trusted them, to be worthy of their confidence.

Dr. Clarke also endeavours to differentiate between the three serpent poisons, *lachesis*, *crotalus* and *cobra*, and we think that in the main he is correct in the points he notices. The similarity between the three is, if not uniform in degree, so exceedingly close, that there is very little to choose between them on this ground. On the other hand, the certainty of our possessing the *crotalus* is far greater than is that of our having *lachesis* when we think that we have. The supply of the former is both recent and abundant, while that of the latter is ancient and limited to a degree that is not pleasant to contemplate. The proving of *crotalus* also is much fuller, clearer and more readily studied than that of *lachesis*, while the evidence we have of the pathogenetic power of *cobra* is of very inferior quality. It points almost exclusively to a variety of nervous headache, and to nervous symptoms arising from cardiac disease. Clinical observation has, we know, gone beyond these two classes of cases, but they are cases, such as malignant diphtheria for instance, in which *crotalus* is much more accurately indicated.

We hope that Dr. Clarke's summary of the pathological and clinical indications for the use of the serpent poisons may lead to their more frequent use.

A Bird's Eye View of Hahnemann's Organon of Medicine. By John H. Clarke, M.D. London Homœopathic Publishing Co. 1893. Pp. 19.

This essay formed one of the series of Post-Graduate Lectures at the Hospital. It consists simply of a list of the points enlarged upon by Hahnemann in his *magnum opus*,

with a few extracts from it illustrative of his manner of treating them.

Dr. Clarke deprecatingly observes that *The Organon* "is seldom the first book given to a student." We cannot imagine a much greater mistake than to place this work in the hands of a student as an introduction to homœopathy. To contemporaries of Hahnemann, to those who knew him, who lived in the atmosphere of his strong personality, who were familiar also with the science of his time, it was indeed all sufficient. But in these days its teaching is altogether too dogmatic to find ready acceptance, the bare assertion that "all experience" teaches this that and the other, which so frequently occurs in the course of it, is insufficient for medical enquirers of the period, they desire an opportunity of studying and examining the nature of that experience which has been found so universal before admitting its validity. *The Organon* is a deeply interesting work, the product of the thought, research and experience of the greatest medical philosopher of this century, who wrote and flourished during the first quarter of it, a medical classic with which all ought to be familiar. But it is not a student's manual. For introducing a student to homœopathy, the best book is Ameke's *History of Homœopathy*, this, together with Dr. Hughes' *Hahnemann as a Medical Philosopher*, would certainly form a good preparation for an enlightened study of Hahnemann's great work by the student of the present day. The former enables him to trace the course of events which led to its composition, to form some conception of the mental characteristics of him who composed it and to estimate in some degree the influences under which it was published, while the latter admits of his setting about its study with a very clear idea of its nature and contents, and thus enables him to read it understandingly.

The Prescriber: A Dictionary of the New Therapeutics. By John H. Clarke, M.D., &c. London, Keene and Ashwell. Fourth edition, revised, with numerous additions.

That this work has reached its fourth edition is a testimony to the value set upon it. We have noticed each of the three former editions, and we have nothing further to add, except to state again that for the beginner in homœopathy, or for the busy practitioner who needs to have his memory refreshed, without having time to refer to fuller works or repertories, we can cordially recommend it.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The third meeting of the session was held at the College of Organists, Bloomsbury, on Thursday, December 7th, Dr. Madden, Vice-President, in the chair.

The following gentlemen, having been duly nominated, were elected members by ballot:—Dr. Corbett (Doncaster); Dr. Lambert (London); Dr. MacNish (Ealing); Dr. Murray Moore (Liverpool); Dr. Ramsbotham (Leeds); Dr. Sanders (London); Dr. Stacey (Leeds); Dr. Thompson (Ashton-under-Lyne).

Dr. Burford showed two ovaries removed for chronic disease, and a fibroid uterus removed by hysterectomy, and referred to two other operations for ovarian tumour.

Dr. A. H. Croucher, Eastbourne, read a paper entitled "*A Case of Rotation of a Par-ovarian Cyst, causing symptoms of Intestinal Obstruction: Relief on three occasions by Enemata combined with bimanual manipulation of the Tumour, and on the fourth occasion by Abdominal Section and removal of the Tumour.*" A discussion followed and was taken part in by Drs. Madden, Byres Moir and Burford.

Mr. Gerard Smith then read a paper on "*The Early Diagnosis of Functional Spinal Curvature,*" in which he laid stress upon the necessity of an early diagnosis in order to prevent actual osseous deformity. The paper was illustrated by outline sketches, showing the various stages of the disease. He explained the use of Mr. Roth's scoliosiometer, and indicated the mechanism of the deviation. And finally touched on the differential diagnosis between lateral curvature in its early stages, and caries accompanied in its early stages by lateral curvature. Dr. Madden, Surgeon-Captain Deane, Mr. Knox-Shaw, Drs. Hughes, Harris, Byres Moir, Goldsbrough and Day took part in the discussion that followed the reading of the paper.

Dr. Vincent next read a communication, entitled "*The Sequel of a Case of Lumbar Colotomy for Chronic Intestinal Obstruction.*" The case was that of a patient who had been shown to the members of the Society at one of its clinical evenings, and who died in the London Homœopathic Hospital, three years and a-half after the operation, from hyperdistension of, and septic absorption from, his transverse colon. The various points of interest were well brought out

in the paper. Dr. Madden, Mr. Knox-Shaw, Drs. J. W. Hayward and Jagielski, Messrs. Dudley Wright and Spencer Cox took part in the discussion that ensued.

The fourth meeting of the session was held at the College of Organists, Bloomsbury, on Thursday, January 4th, 1894, Dr. Madden, Vice-President, in the chair.

Drs. J. E. Hardy (Glasgow) and James Johnstone (Richmond) having been duly nominated, were elected members by ballot.

Mr. Henry Harris read a communication entitled *A statistical Suggestion*, a plea for an effort to be made by the British Homœopathic Society to collect statistics as to the mortality of certain diseases when treated homœopathically. After the subject had been discussed by Dr. Madden, Mr. Knox Shaw, Dr. Byres Moir and Dr. Blackley, it was resolved that Mr. Harris be asked to present, at an early meeting, a form for the collective investigation of certain infectious diseases on the lines laid down in his paper.

Dr. Edward Blake read a paper entitled *Goitre and its Congeners*, in which he first contrasted sporadic goitre and Graves' disease pathologically, and then compared them etiologically, He next compared sporadic goitre with endemic goitre, pathologically, showing that they possessed a strong resemblance, but that when they were contrasted etiologically they showed a violent contrast. In dealing with sporadic goitre and exophthalmic goitre he considered that they might be caused by common toxic agencies of widely differing types, which were usually organic, but often auto-infective. Endemic goitre he considered to be usually heterotoxic in origin, and, as in carcinoma and paludism, to be due probably to a protozoön introduced by drinking water. He showed that all of these three diseases abounded near rivers and marshes. He finally concluded a paper full of instructive material by discussing the relationship of endemic goitre to cretinism and to myxoedema, and the relationship of sporadic goitre to Addison's disease, to chorea and rheumatic gout. He considered all popular remedies in all schools, even such well-known homœopathic remedies as *belladonna* and *spongia* to be antitoxic or else germicidal.

Dr. Morrisson followed with a paper entitled *An Eczema Case, with a Clinical Proving of Thyroid Gland.* In the discussion following the reading of the two papers, Dr. Madden, Dudgeon, Wright, Gerard Smith, Chris. Wolston and Blackley took part.

PERISCOPE.

SURGERY.

CASTRATION PROPOSED FOR THE CURE OF HYPERTROPHIED PROSTATE.—Professor William White, at the end of an address delivered before the American Surgical Association, raised the question whether since oöphorectomy caused the shrinking of uterine fibromyomatum, castration might not cause a similar shrinking of the analogous tissue which forms the bulk of the enlargement in hypertrophied prostate. With a view to collecting facts bearing on the matter, he instituted a series of experiments on dogs. It was found that for dogs averaging in weight about 15 kilos the average weight of the prostate gland is about 15 grammes. A large number of dogs of the same size and weight were then castrated, and the dogs killed and their prostates weighed at intervals of from 20 to 60 days afterwards. A remarkable reduction in bulk and weight of the prostate glands was found, for instead of weighing about 15 grammes their weight ranged from 5 to 1½ grammes. He also mentioned the following facts of similar import collected from medical literature:—John Hunter observed that in the mole the prostate gland in winter is hardly discernable, but in the spring becomes very large and filled with mucos. Owen found similar changes in the hedgehog, and confirms Hunter's observations with regard to the mole. Griffiths contributes four observations of his own, two in the dog and two in the cat. Castration had been performed years before, and in all the prostate became transformed into a mere mass of fibrous connective tissue. He also examined the generative organs of the pig, bullock, sheep and horse after castration, and found that in each case like changes had taken place. Grubner observed marked atrophy in the prostate of a man, aged 65, who had been castrated in early youth. Pelican says that the prostates in eunuchs are about the size of those found in children. Civiali noted that in doing a lithotomy on a man who had undergone complete castration for the cure of a double hernia, the prostate had practically disappeared. Both the uterus and prostatic vesicle originate from allied portions of the embryonic structures, the Mullerian ducts and the mogenital siras. The prostate is made up largely of the same tissue as the uterus, and is subject to the same varieties of morbid growths occurring at parallel periods in the life of the individual. Professor White thinks that a consideration of these facts establishes a possibility of castration being beneficial in cases of enlarged prostate.—*British Medical Journal*, September 9, 1893.

Hæmorrhagic Pancreatitis.—Dr. George P. Briggs presented two specimens from two cases of this rare disease before the New York Pathological Society.

Specimen 1 was that of a German labourer, aged 32, who had been a heavy drinker, and who was suddenly, at two p.m. on January 6th, taken ill with intense pain in right side, at the junction of right inguinal and lumbar regions. He shortly began to vomit, and severe pain succeeded in the epigastric region. The pulse was slow, and temp. 100; the abdomen rigid and distended. Palpation revealed nothing. The pulse became rapid and feeble, and there was frequent vomiting of bile. Death occurred 24 hours after onset of the pain.

Post-mortem examination revealed the usual changes in the organs due to alcoholism. The pancreas was enlarged to three or four times its normal size, its head projecting to the right of the spinal column, and displacing and compressing the duodenum. It was 16 ctm. long, and 6½ ctm. transversely and vertically. The entire organ was reddish-brown, and to the naked eye presented no trace of pancreatic tissue. Scattered through this mass were very dark spots, probably the site of older hæmorrhages. The layers of fat between the mesentery were also extensively infiltrated with dark blood, the infiltration extending down the sheath of the left psons muscle. There was no fluid blood at any point. A probe could be easily passed through the duct of the pancreas.

Specimen 2 was also that of a German labourer, aged 45. Two days before his death there was gradual development of dyspnœa and epigastric pain. There was also vomiting, but the dyspnœa was by far the most prominent symptom. His pulse was rapid and feeble. He died two hours after admission to hospital. Autopsy showed the pancreas much increased in size, measuring 20 ctm. long, 6 ctm. vertically, and 4 ctm. anteroposteriorily. It was brownish-black, and to the naked eye no pancreatic tissue was visible. There was extensive infiltration of blood into neighbouring cellular and adipose tissue, and also behind the peritoneum, between the tail of the pancreas and the diaphragm, about 1½ pints of fluid blood.—(*Medical Record*, February 4th, 1893.)

Prostatic Hypertrophy.—With the remark that "at last there seems to be a prospect that the much-abused ovary may see its day of revenge!" the *Hahnemannian Monthly*, translating from the *Centralblatt für Chirurgie*, states that Dr. F. Roeum, of Christiania, has been led (1) by the unsatisfactory results following the many methods used to relieve this condition, (2) by the fact that, after all, the palliative catheter is the only universally accepted treatment, and (3) by the analogy between the uterus and prostate, to see whether the results

of oöphorectomy on uterine myomata could not find a parallel in the effects of castration on hypertrophies of the prostate.

Experiments on dogs showed that in one to two months double castration was followed by diminution in the size of the prostate; the same was found to be true in swine.

Double castration was tried on a man of 78 years, who was suffering from retention of urine. The prostate projected into the bowel, and was as large as an ordinary apple. Urinary difficulty had been present for fifteen years; the catheter had never been resorted to. The catheter was used to relieve the urgent retention, and only three or four times during his stay of two months in the hospital. Two weeks after the operation the patient was presented to the local medical society. The prostate was much smaller, and the wounds were healed. This atrophy continued until he was able to resume his work, and urinated three or four times during the day and twice during the night. Nothing is said of the residual urine.

Another case had used the catheter for a long time and suffered from cystitis. The results were about the same.

(At last there seems to be a prospect that the much-abused ovary may see its day of revenge!—Eds.)

GYNÆCOLOGY.

Removal of Ovaries and Tubes in the Insane and Neurotic.—The *Hahnemannian Monthly* quotes from *The Journal of Obstetrics* the following conclusions of Dr. Goodell, of Philadelphia, on this important subject. He says:—"From a large experience I humbly offer to the reader the following watchwords, as broad helps to diagnosis. In the first place, always bear in mind what another has pithily said, that 'woman has some organs outside the pelvis.' Secondly, each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear. Thirdly, scant or delayed or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease. Fourthly, anteflexion, *per se*, is not a pathological condition; it is so when associated with sterility or with painful menstruation, and only then does it need treatment. Fifthly, an irritable bladder is more often a nerve symptom than a uterine one. Sixthly, in a large number of cases of supposed or of actual uterine disease which display marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and it must be treated so. Seventhly, almost every supposed uterine case characterised by excess of sensibility

and by scantiness of will power is essentially a neurosis. Eighthly, in the vast majority of cases in which the woman takes to her bed, and stays there indefinitely from some supposed uterine lesion, she is bedridden from her brain and not from her womb. I will go further, and assert that this will be the rule even when the womb itself is displaced, or is disordered by a disease, or by a lesion that is not in itself exacting or dangerous to life. Ninthly, groin aches and sore ovaries are far more commonly symptoms of exhaustion than of diseases of the appendages. Finally, uterine symptoms are not always present in cases of uterine disease.

"Playfair, from his enormous personal experience, concludes: '1. The removal of the adnexa is not justifiable in cases of pure functional neurosis. 2. Even when appreciable disease of the tubes and ovaries is present, an operation should not be performed until palliative treatment has first been tried. The results in hystero-epilepsy and hysteromania are so uncertain that celiotomy is not to be advised.'"

Cancer Uteri.—The same journal reprints from the *Gynæcological Journal* the following observations on cancer of the uterus:—

"The classical symptoms of cancer of the uterus are hæmorrhage, offensive discharge and pain. When these are all present the disease has usually spread beyond the uterus.

A sign of great value in early diagnosis of cancer of the cervix is hæmorrhage following sexual intercourse. Whenever this occurs the case should be thoroughly investigated.

When women have ceased to menstruate, and again have a metrostaxis, the case should be carefully studied.

Leucorrhœa is common in the early stage of cancer.

Pain is present in almost all cancers late in their course. *It is seldom an early symptom.*

Epithelioma may or may not be difficult of diagnosis at an early stage. When a definite area in the cervix is hard, infiltrated, and constitutes a distinct mass or tumour in the cervix, it is probably cancer, and should be examined microscopically. When the mass begins to ulcerate the diagnosis is plain. Cancer of the body of the uterus is almost always the malignant adenoma.

Glycerine Enemata in Labour.—Dr. Anacker, of Chateau-Salins, says the *New York Medical Times*, strongly recommends the practice of administering at the beginning of labour a glycerine suppository or a few grammes of pure glycerine. He finds that the uterine contractions are thus greatly strengthened and that labour proceeds with considerable rapidity. Glycerine suppositories he finds less efficacious than glycerine employed pure.

NOTABILIA.

DR. CROUCHER, J.P.

The burgesses of Hastings and St. Leonards appear to be so grateful to our colleague Dr. Croucher—as well they may be—for his services to their borough during the past year that they can only find relief to their feelings by the frequent expression of them. In *The Hastings and St. Leonards Observer* of the 5th ult. appears a portrait of the ex-Mayor, followed by an interesting biographical sketch of him. This dwells largely upon his municipal and political services to the borough, his work as a physician and scientific expert, as the "sanitary municipal pioneer of the borough," and on his reception of the Archæological Society of France last year; when, "at the luncheon at which the members were entertained, he took the opportunity of assuring his guests, in the name of his townspeople, that he gave them that day a much heartier welcome than the Hastingers gave their ancestors in 1066." The opening sentences of this account of Dr. Croucher's career in Hastings and St. Leonards give some details as to the circumstances that led him to investigate and adopt homœopathy as the basis of his therapeutics. The "interviewer" gives the following sentences as to Dr. Croucher's reply to a question on this point:—

"Well, it came about in a strange way, came about, I might say, almost by accident. I had been in practice as an allopath in London and Norwood for some nine years, and the idea of separating myself from the old school had never entered my head, when my wife became ill, and failing to get any relief from the allopathic treatment she was induced, much against my convictions and will, to try homœopathy. She was under Dr. Kidd, who, you may remember, was Lord Beaconsfield's physician, and as she began to improve I was persuaded to have an interview with the homœopathic practitioner, and after this interview I confess my faith in the old system was subjected to a severe trial. I made some experiments on my own account, and these shook still further my faith, until I found I could not honestly continue an allopath, and finally I became a homœopathic physician."

The writer then proceeds as follows:—

"Those who know the worthy doctor will not find it difficult to realise his feelings when he first found his old medical faith loosening and a new faith gradually advancing into its place. For in the 'sixties' not only was homœopathy not so widely recognised as it is now, but it was looked upon by all, save the very few, as a fraud, a delusion, and a snare, and

its practitioners either as fools or knaves, and in some cases both, while but a short time before all the qualified practitioners holding by the doctrine of Hahnemann could be counted on the fingers of one hand. But with Dr. Croucher it was in this matter as in all other matters—as indeed, with respect to civic and political affairs, the people of Hastings have reason to know—enough to be convinced of the rectitude of his course to take such course, without reckoning the cost. In 1866 he shook, so to say, the dust of the allopathic school from off his feet, and resolutely addressed himself to practise as a homœopathic physician. Ill-health, however, caused him to seek a balmier atmosphere than that which he found in suburban London, and accordingly, in the year when Lord Brassey, then Mr. Thomas Brassey, jun., was returned for the first time as Member for Hastings, he took up his residence, and began his professional work at St. Leonards."

In one more reference to the good work of Dr. Croucher during 1893 the biographer continues:—

"One of the most hospitable Mayors the town has ever known, nevertheless, he will not be remembered so much for his garden party, for his fancy dance, for his dinner to public officials; he will not be remembered so much as the most open-minded, catholic-spirited Mayor of whom Hastings had experience; he will not be remembered so much for his practical appreciation and support of all that is good, indifferent to the party or creed in which he found such good; he will not be remembered so much because of the extraordinary amount of work which, notwithstanding the heavy claims of his professional duties, he managed to get through; he will be remembered not so much, I say, for any one of these most admirable virtues, as for the fact that, elected as a partisan by a partisan vote, amid such a scene of excitement as, perhaps, never before marked the elevation of any citizen to the civic chair, he, notwithstanding, by the charm of his manner, by the impartiality of his acts in all things—indeed, if he erred at all in this respect his error was at his own expense and that of his political friends—he succeeded in converting a formidable, almost a raving opposition into a section gracefully appreciative of his labours."

COPPER IN CHOLERA.

Moricourt (*Gaz. des Hôp.*, November 14th, 1893) considers that now that the microbic doctrine has introduced into the therapeutics of cholera a number of medicines which, to judge from the articles that have appeared on the subject, have not been attended with results in any way better than

those obtained formerly, it is opportune to call attention to a form of treatment of cholera, which, in his opinion, has been left too much in the shade. He refers to the treatment by copper, which was lauded by Burg at an epoch when the question of microbes was scarcely in vogue. It was found that there was a very small mortality in cholera, typhoid and the majority of epidemic diseases, among workers in copper, as compared with those working with other metals, or engaged in other occupations. In 1849, Burg succeeded in arresting the cramps of cholera by means of copper bars in the majority of cases, and in 1866 *sulphate of copper*, given internally to patients who had scarcely a particle of pulse, heat or urine left, effected 16 cures in 18 cases.—*British Medical Journal*, December 16th, 1893.

CORRESPONDENCE.

RESPIRATORY EXERCISES AND PHTHISIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Referring to the note on this subject in the January issue of the *Review*, I would remark that this method of dealing with threatened or incipient phthisis is by no means a novel one. I have a book on therapeutics, published in 1776, giving definite directions for such respiratory exercises, and many medical men at all times have prescribed singing lessons and other respiratory movements in phthisis, with good results. But, hitherto, the treatment has been inaccurately used, and without the necessary regularity and continuance which are essential.

Having for some time given much attention to the subject, I venture to write a few words.

The most common shortcoming in defective respiration from muscular weakness is, so far as my observations go, that the apices of the lungs are not fully inflated, the respiratory movements being to too great an extent abdominal, and very little movement of the thorax being visible above the level of the third rib. The marked frequency with which the apices are the primary seat of tubercle, suggests that this defect in respiratory movement is connected directly with the onset of the disease in persons of phthisical tendency.

I do not wish to detract from the value of respiratory exercises in the treatment of Phthisis, having the greatest confidence in their efficiency; but I think that the sceptical position is often of value (in medicine as in other places), and

that we should be careful to distinguish between simple weakness of respiration, which in some cases gives a dull percussion note at the apices, and cases of actual disease deposits in the lungs; I have more than once seen marked dulness to percussion at the apices disappear upon forced inspiration by passive movements of the thorax; and these were cases pronounced as incipient Phthisis by competent physicians. It is not sufficient to direct the patient to take a deep breath for the purpose of our diagnosis; many of these weakly persons have not the muscular power to voluntarily inflate the apices; the patient must be subjected to the movements of artificial respiration for a minute or two, and be directed to hold the breath after the last forced inspiration (with which the voluntary efforts must keep time), percussion being then immediately applied; in some cases the dulness will have been temporarily abolished and a serious prognosis avoided.

On account of this inability to properly inflate the apices of the lungs; I think it best to commence the respiratory education of these patients by passive movements after the manner of artificial respiration, to aid the voluntary movements of the patient; the treatment also including special exercises for the extraordinary muscles of respiration. The voluntary, active arm movements are, of course, merely repetitions of those of artificial respiration.

It is rather remarkable, that amongst all the modern attempts at the treatment of phthisis by various antiseptic inhalations, the most convenient germicidal inhalation, pure air, or in other words, oxygen, should be that least often studied. The tubercle bacillus dies in oxygen; and I would suggest that compressed oxygen should be inhaled during the movements in cases where the existence of tuberculous deposits in the lungs is diagnosed.

Yours, &c.,

GERARD SMITH.

37, Gloucester Place, London, W.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases

of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2; Diseases of the Throat, Mondays, 2.30.

A letter from Dr. A. C. CLIFTON, in response to Mr. ALFRED PEARCE, s too late for insertion. It will appear in March.

We are requested by Dr. T. P. WILSON, of the Cleveland University, to state that as it may not be generally known that there are two Homœopathic Colleges in Cleveland, he wishes it to be known that the diploma of M.D., which was given to the lady to whom we referred in our last issue, was not from the Cleveland University (formerly called the Cleveland Homœopathic Hospital College), but from the other College, the Cleveland Medical College.

Mr. GERARD SMITH has opened consulting-rooms at 37, Gloucester Place, Portman Square, W., and erected a gymnasium for the treatment of orthopædic cases. He attends there Mondays and Fridays at 12.

We have received a letter from Dr. HUM CHANDRA RAY CHANDHURI, of Calcutta, but we cannot publish it, as it is too personal.

Dr. ROBERTS, of Harrogate, requests us to say that "his patients at York are very anxious that a homœopathic doctor should settle there." He adds that he believes that "with time and patience a good man would get a splendid practice."

Communications have been received from Dr. CLIFTON (Northampton); Mr. GERARD SMITH, Dr. BURFORD, Mr. KNOX SHAW, Dr. WASHINGTON EPPS (London); Dr. T. P. WILSON (Cleveland, U.S.A.); Dr. HUM CHANDRA RAY CHANDHURI (Calcutta).

BOOKS RECEIVED.

Antiseptics in Midwifery. By Robert Boxall, M.D. H. K. Lewis. 1894.—*The Journal of the British Homœopathic Society*. London. Jan.—*The Homœopathic World*. London. Jan.—*Medical Reprints*. London. Jan. 15.—*The Therapist*. London. Jan.—*The Clinical Journal*. London. Jan. 24.—*The Chemist and Druggist*. London. Jan.—*The Monthly Magazine of Pharmacy*. London. Jan.—*The Future*. London. Jan.—*The Clinique*. Chicago. Dec.—*The North American Journal of Homœopathy*. New York. Jan.—*The New York Medical Times*. Jan.—*The New England Medical Gazette*. Boston. Jan.—*The Hahnemannian Monthly*. Philadelphia. Jan.—*The New York Medical Record*. Jan.—*The Medical Advance*. Chicago. Jan.—*The Homœopathic Physician*. Philadelphia. Jan.—*The Homœopathic Envoy*. Lancaster, U.S.A. Jan.—*Homœopathic Journal of Obstetrics*. New York. Nov.—*Revue Homœopathique Française*. Paris. Dec.—*La Presse Medicale*. Paris. Dec. 23.—*Bulletin Générale de Therapeutique*. Paris. Jan.—*Leipziger Populare Zeitschrift für Homöopathie*. Jan.—*Homœopathisch Maandblad*. The Hague. Jan.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59 Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

—:o:—

BLINDNESS; WILFUL AND OTHERWISE.

As the late distinguished author HENRY ROGERS says, there is nothing easier than to become blind by the simple process of shutting one's eyes. We have every now and then to notice illustrations of this simple procedure in men of the old school. They calmly record facts, and instead of acknowledging their obvious meaning, and their bearing on the question of homœopathy, they pretend to be quite innocent of the whole subject, and seem to delight to throw dust in the eyes of their readers, by offering any explanation but the obvious one of their facts. At one time it is the medicine of substitution, as TROUSSEAU had it, at another it is a tonic action on the vaso-motor nerves, as the late Dr. ANSTIE averred of *ipecacuanha* in sickness, while with other writers all explanation is studiously avoided as leading to awkward dilemmas. The most recent theory is a "reversed" action of a drug. This is so near the truth, that one marvels to find a physician of repute thus speaking, and yet to all appearance absolutely in the dark as to the palpable conclusion to be drawn from his facts, a conclusion which must occur to any one who has the crudest notion of the meaning of homœopathy, and of the law of similars. And that this should occur at the present day, when homœopathy is practised all over the world, when any tyro knows more or less the meaning of it, and when

its influence in modifying, or completely changing old methods of practice, is recognised even in the old school, is simply marvellous.

These thoughts occur forcibly to our mind in reading an article in the *Medical Week*, of December 1st, 1893, a journal published in Paris and intended to be an International one. The article is entitled "Reversed (?) action of *Mercury* in a case of Cerebral Syphilis," by Dr. R. LÉPINE, Professor of Clinical Medicine in the Medical Faculty of Lyons. He says:—

"Although there can be no doubt that specific treatment is not always successful in cases of cerebral syphilis, yet it cannot be denied that it is very useful in the majority of such cases, especially if it is carried out with energy. Charcot and Fournier have both of them repeatedly expressed themselves in the affirmative on this point. Last year, however, I had occasion to observe a very exceptional and interesting case in which the administration of large doses of *mercury* not only remained without effect but proved actually *injurious*. The patient in this case was a man, forty years of age, an engineer, who contracted syphilis about thirteen years ago. The disease seems to have been very imperfectly treated and a month before he came under my observation he began to complain of headache, paresis of both extremities on the right side, difficulty of speech and mental disturbance, consequent on overwork and professional troubles. For certain reasons which I need not enumerate, the patient was not treated until I was asked to see him, that is to say, a month after the first appearance of the manifestations which had remained stationary. In view of this circumstance I did not think it advisable to place him under the combined treatment at once, this method being especially recommended in cases in which the symptoms are rapidly progressive. To begin with, therefore, I tried the effect of frictions with five grammes (seventy-five grains) of mercurial ointment in the twenty-four hours. I intended to continue this treatment for a week and then to have recourse to *iodide of potassium*.

"My instructions were rigorously followed; the patient who had no prejudice against the use of *mercury*, rubbed himself conscientiously with the prescribed quantity of ointment the dose of which never exceeded five grammes. But—and this is the interesting feature of the case under consideration—on the day after mercurial treatment was commenced the headache became worse, the patient began to complain of insomnia, restlessness, and on the fifth day he developed a slight attack of punctiform purpura. This was accompanied by some

swelling of the gums and salivation despite the fact that preventive treatment for stomatitis (washing the mouth with a solution of *chlorate of potash* and application of *alum* to the gums) had, according to my invariable practice, been applied from the first. In fact, the patient showed such a remarkable intolerance of *mercury* that the frictions had to be abandoned on the sixth day. They were replaced by *iodide of potassium* in doses of four grammes (one drachm) in the twenty-four hours. The headache at once subsided and in a very few days all the other manifestations, viz., difficulty of speech, mental disturbance and paresis, had disappeared.

* * * * *

"It is evident, therefore, that *mercury* was absorbed in tolerably large quantities in this case, the presence of the remedy in the system being associated with various nervous troubles, insomnia and restlessness. So far, however, there is nothing very remarkable in such an association, seeing that various mental troubles and disturbances of the special senses may be observed, according to Lewin, during a course of mercurial treatment. Idiosyncrasy is the most important factor in the production of these accidents. For example, the administration of *mercury* is sometimes followed by mental exaltation and excitement, at other times by a tendency to melancholia or shyness, pallor of the face, difficulty of breathing and occasionally cardiac irregularity and depression. If this condition has been in existence for a sufficiently long time, insomnia becomes superadded to the symptoms above enumerated; more rarely the patient may suffer from hallucinations, etc.

"It would appear, therefore, that sleeplessness and restlessness are among the ordinary symptoms of mercurial intoxication. Their occurrence in the case under discussion is not more surprising than that of salivation; but what is remarkable in this observation is the persistence of the headache under the frictions, while it disappeared immediately the patient began to take *iodide of potassium*. Is it possible for *mercury* to aggravate a headache of syphilitic origin which is subsequently rapidly cured by *iodide of potassium?*"

We next have Dr. LÉPINE's remarkable comments:—

"Since my attention was called to the fact I have seen so many cases of 'reversed action of remedies,' that I am prepared to admit anything in that direction. I do not agree with those who systematically shut their eyes to all evidence against their favourite conceptions. I quite admit that in the majority of cases it is impossible to ascertain how this 'reversed action' is exerted, but is just as impossible to deny that certain remedies occasionally produce an unfavourable

action in the affections in which they are usually most efficacious. For example, it is a well-established fact that the administration of antipyretic remedies, such as *quinine* or *antipyrine*, is sometimes followed by an attack of fever. Moreover, the conclusion to be drawn from a recent observation is that *quinine* may prove beneficial in the treatment of deafness.* Such being the case, there is no reason why *mercury* should not aggravate a case of syphilitic headache, although the exact mechanism of such an action is still unknown.

"What would the result have been if I had tried the combined treatment from the first?—It is difficult to say. At first sight there is apparently no reason why *mercury* should have been better tolerated by being administered in combination with *iodide of potassium*. It is possible, however, that the unfavourable effects of *mercury* would have been neutralised by the presence of the *iodide*.

"I do not wish to be dogmatic, especially as this is the only case of the kind that has ever come under my observation, but from the foregoing facts I believe I am justified in concluding that *mercury* may occasionally exert an unfavourable influence in cases of cerebral syphilis. If this conclusion be correct, the opinion expressed by Drs. Sacaze and Magnol (Montpellier) is untenable. These observers have related three cases of cerebral syphilis † in which satisfactory results were obtained with a single subcutaneous injection of grey oil; from this they concluded that *mercury* might be employed as a test in cases of grave cerebral manifestations as it enables one to determine with certainty whether the affection is of syphilitic origin or not. To judge from the case I have reported, such an affirmation is not consistent with the facts.

"The combined method of treatment recommended by Prof. Fournier, Dr. Mauriac and most authorities on syphilis, would then present the advantage of giving the patient, so to speak, every possible chance of recovery. This is the most important conclusion—by no means an original one—to be drawn from the curious observation which suggested the subject of this article.

"Moreover, the facts of the case permit of another conclusion, the insomnia, restlessness and other nervous troubles of a mild description which are due according to certain authors, ‡ to 'saturation of the organism with

* This case was published in the *Medical News* in July, 1893. It is a curious and rare example of favourable reversed action. The author of the article had no doubt that in this case quinine "had done exactly the reverse of what it usually does."

† *The Medical Week*, 1893, Vol. 1, p. 506.

‡ Fonnsgrives. Art. on Mercury in Dechamber's Dictionary.

mercury, might possibly, or at any rate exceptionally, be observed at the commencement of a course of mercurial treatment."

This passage is truly remarkable. Our author actually goes the length of saying—"Since my attention was called to the fact, I have seen so many cases of 'reversed action of medicines' *that I am prepared to admit anything in that direction*" (the italics are ours.—EDS.), and he says he does not approve of 'those who systematically shut their eyes to all evidence against their favourite conceptions.' This is pretty well for a start, and one would be inclined to hail Dr. LÉPINE'S mind as an unusually open and receptive one, and to believe that, having so many facts in his grasp, he was close to the perception of the truth of the greatest therapeutic law that has ever been discovered, and when he goes on to adduce the fact that *quinine* and *antipyrin* may produce an attack of fever, while at the same time pointing out how curative *quinine* may be in certain cases of deafness—a symptom which all know is frequently caused by *quinine*—one marvels all the more how a man can so easily blind himself so as not to see, and yet loftily inveigh against others who do the same. One would have thought that it was impossible for Dr. LÉPINE to do other than see that his numerous facts of "reversed" action of medicines, pathogenetic and therapeutic, was no other than the main fact which lies at the bottom of homœopathic treatment. And yet, what is his "lame and impotent" conclusion? Only this miserable one, that "I quite admit that in the majority of cases it is impossible to ascertain how this 'reversed action' is exerted, but it is just as impossible to deny that certain remedies occasionally produce an unfavourable action in the affections in which they are usually most efficacious," and "such being the case, there is no reason why *mercury* should not aggravate a case of syphilitic headache, although the exact mechanism (*sic*) of such an action is still unknown." Truly a blind leader of the blind is this illustrious Professor of Clinical Medicine in Lyons.

Had he studied the famous work of his countrymen, Drs. TROUSSEAU and PIDOUX, he would have found in their *Traité de Thérapeutique et de Matière Médicale*,

under *Mercury*, how like the pathogenetic effect of that drug is to syphilis. In fact the authors place the two states together, in order, being so alike, to differentiate between them. How different to Dr. LÉPINE is the late Dr. GRAVES of Dublin, who, in his *Clinical Lectures*, not only points out the similarity between syphilis and mercurial poisoning, but has the honesty to say that this is an example of the homœopathic law of similars.

Such a mind as Dr. LÉPINE's we look upon as almost hopeless, were it not that it is next to impossible to believe that his blindness is other than wilful, and that though he sees to what goal he is approaching, his "favourite conceptions," and probably his professional standing, are too strong to permit him to speak out honestly and openly. In any case, such an exhibition is melancholy, and it must lower such a man in the estimation of all who are seeking for the truth, and are ready to say "eureka" when they find it. He places himself in the dilemma of intellectual and logical incapacity, or of very feeble moral backbone. All investigations in therapeutics at the present day point strongly to the law of similars as the greatest therapeutical truth ever discovered, and though it is disheartening in the extreme to come across a physician like Dr. LÉPINE, who, with the truth almost in his hand, cannot see, or at least will not, and pretends that he does not see what is as clear as daylight, we must fight on, and never rest till the truth of homœopathy is universally admitted.

MENORRHAGIA AND PRESSURE SYMPTOMS FROM A LARGE UTERINE FIBROID: HYSTERECTOMY: RECOVERY.

By JAMES JOHNSTONE, M.B., F.R.C.S., and GEORGE BURFORD, M.B.

I.—Clinical History. By Dr. JOHNSTONE.

AN unmarried lady from the country, aged 37, first came under observation in September, 1892, suffering from a fibroid tumour of the uterus, accompanied by the usual local and general sequelæ. Her previous history showed that since the first menstruation, at the age of 13 years, the uterine functions had been on the average fairly normal, with the exception that each menstrual

Dr Johnstone's Case of Fibroma Uteri.
Hysterectomy by Dr Burford.
Recovery.

Danielsson & Co. lith.

period was usually ushered in by a severe paroxysmal pain lasting about three hours, referred to the right lumbar, gluteal, and ovarian regions. When this ceased the menstrua came easily. She enjoyed good health and was of a bright and cheerful disposition. There was no neurotic tendency.

In 1887 she had, as the result of a chill, acute nephritis, with congestion of the liver and jaundice. Her physician discovered at that time a small pelvic tumour in the right iliac region. No special notice was taken of it. On her recovery followed the first indication of excessive menstruation, slight at first, but increased and maintained after the third or fourth menstruation. Meanwhile the paroxysmal dysmenorrhœal pain had ceased, and was replaced by a constant feeling of inconvenience, with a dragging, throbbing pain in the right ovarian region. Swelling of the abdomen, chiefly on the right side, also became apparent. Treatment by her physician somewhat reduced the menorrhagia, but the tumour remained in *statu quo* in spite of external application of *lin. iodidi!*

In October, 1892, the patient was seen in consultation by Dr. Burford and myself. Dr. Burford pronounced operation to be risky, owing to the amount of involvement of the uterus and the low position in the pelvis.

He advised delay for some months, in order to watch the case and try medical treatment. This course has been pursued with varying results. On the whole, the tumour has increased in size, now extending above the umbilicus; pain, dragging, and pressure have increased; standing for any time and locomotion have become difficult; micturition is frequent, often every half-hour; the menstrual period has lengthened from five days to ten or fourteen; menorrhagia is excessive; the general health suffers so much that the ill effects of one menstrual period merge into the next.

The only treatment found effectual in giving relief and reducing the hæmorrhage is absolute rest in bed for 14 days out of each month, and the administration of *secale cornutum* 1x frequently during the period.

The patient under these circumstances finds life a burden and is anxious for operation.

II.—Operation. By Dr. BURFORD.

In November, 1893, I performed hysterectomy on this patient, assisted by Dr. Johnstone. On opening the abdomen, a large multinodular uterine tumour presented itself; fortunately there were no adhesions, nor other indicatious of inflammatory storms. The ovaries were both much hypertrophied; the tumour was an aggregation of nodules and bosses, reaching far down in the pelvis. The mass was ligatured with an elastic ligature, the upper two thirds of the tumour removed, and the work of pedicle-making begun. This was unusually and notably difficult. Hard nodules were impacted in the uterine tissue down to the level of the internal os; with patience all these were enucleated, the elastic ligature tightened, and the stump brought outside the abdominal parieties. The whole operation lasted over two hours, and was one of the most difficult hysterectomies I have undertaken.

For four days following operation the reaction was considerable and necessitated the assiduous administration of *bell.* and *merc. cor.* By the fifth day the principal symptoms subsided, and *lycopodium* was then prescribed. A troublesome diarrhœa called for *china*, and ultimately some bladder irritation was met by *nitric acid*. Other remedies were exhibited from time to time during the convalescence, chiefly *china* and *ferrum*. The recovery was a little tardy, but in eight weeks the patient left the private nursing home to reside in one of the suburbs.

She reported herself again in February of this year. All the former symptoms, the hæmorrhage, the frequent urging to micturition, the sense of weight and bearing down, the difficult locomotion had quite disappeared. The anæmia was fast vanishing, and the general condition of the patient was one of marked improvement.

In this case I followed my usual plan of insisting on a prolonged and careful trial of remedies before advising operation. The patient was only 38 and very anxious to lead a useful life. As no benefit accrued from rest and therapeutics, I advised in process of time the removal of the tumour, a course which has been attended by the happiest results. The patient is now better than she has been for years, with further prospect of developing health, and therefore increased usefulness.

ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF ANTIMONIUM CRUDUM.

By Alfred C. Pope, M.D.

Late Lecturer on Materia Medica at the London School of Homœopathy.

The drug originally proved by Hahnemann is the *stibium sulphuratum nigrum*, or antimonious or black sulphide. It is a ter sulphuret of antimony and the commonest of its ores. *The Cyclopædia of Drug Pathogenesy* includes, in the provings given in it, experiments made with the *A. oxydatum*, the *A. sulphuratum aureum*, the golden or penta-sulphide, and *A. sulphuratum rubrum*, or mineral kermes.

The proving of Hahnemann is contained in his work on *Chronic Diseases*. It is also given, together with other experiments by Hartland, Trinks, Caspari and others, in Allen's *Encyclopædia of Pure Materia Medica*. In the *Cyclopædia of Drug Pathogenesy*, we have the details of the experiments of Mayerhoffer, of Vienna, Bœcker, Ragmond, Moore and Jorgensen, together with three cases of poisoning by the vapour of the antimonial ores, the whole concluding with some experiments on dogs and the account of the *post-mortem* examinations arising therefrom.

The first three centesimal preparations are used in trituration, the fourth in dilute tincture only, the fifth and upwards in tincture, pilule or globules.

In its action on the body, *antimonium crudum* is very similar to tartar emetic, both in the tissues affected and in the mode in which they are influenced by it. Its intensity of action, on the other hand, is much less—the inflammatory condition being hardly apparent in the provings, so low is the type of disorder set up.

It is upon the mucous surfaces and skin, that the action of *antimony* is for the most part spent. It is one of low vitality, mucus being secreted in increased quantity and pus readily forming.

Briefly stated, the condition produced by *antimony* is one resembling an intense and chronic catarrh pervading the entire mucous tract. That it is capable when pushed sufficiently of destructive action is seen by Dr. Mayer-

hoffer's experiments on dogs, in which "the stomach was enlarged, lax and soft, the external coat was thickened in some parts, thinner in others; the lining mucous membrane was quite smooth, as if swept out clean; exactly like the stomach in gastromalacia."

First of all, I will briefly sketch the symptoms of an illness produced by taking *antimony* in perturbative doses. The head becomes confused and burning, and shooting pains are felt in the left temple. One prover experienced the following curious pain in the head. He says that during movement, and only then, he felt "a heavy aching pain affecting the vertex; any jar made it severe, and at every misstep he felt as if his skull would be raised to relieve the pressure on the brain."

The head pains are always associated with the gastric symptoms.

The mouth fills with saliva and mucus, the taste is bitter, sweetish and flat. The tongue is furred and slimy, or white coated.

Coryza is frequent, with a collection of catarrhal mucus in the nose extending down the pharynx and felt also in the larynx and trachea. There is occasional hoarseness during the proving. In some cases of poisoning there has been an extreme feebleness of voice noticed, and also a loss of voice whenever the person became hot, the voice being recovered on resting himself. The bronchiæ are full of viscid mucus, respiration is hard and oppressed. The chest feels tight and full. The cough arising from this condition is at first dry and frequent. It is then noticed as occurring early in the morning with a discharge of viscid thin mucus deep out of the chest.

The appetite is lost, and there is a constant sense of pressure at the epigastrium. The abdomen is tense from flatulent distension, and, occasionally, the seat of pinching pains. The bowels are at first constipated, the stool being hard and its evacuation attended with straining. This is followed by loose pappy motions, preceded by pinching pains and attended with tenesmus. As the proving advances, the calls to stool become sudden, and the motions are very loose. During the whole time there are more or less frequent tearing pains in the arms, especially in the shoulder and wrist joints; the joints of

the lower extremities, particularly the knee, are swollen and feel tight.

Early in the proving the skin feels active, becomes warm, and this heat is followed by perspiration. Some redness is remarked behind the ears, the skin thin, becoming scurfy. In other parts, in the angles of the joints, the scrotum and perinæum, itching is felt, there is a scarlet rash which becomes pustular, scabs, and dries off. It is worth noticing that Dr. Jorgensen, who suffered from acne indurata of the face, was entirely cured by his proving.

The provers all suffered from more or less weariness and prostration.

The influence of the vapour of the ore upon the workmen is to induce a very exaggerated form of these symptoms.

The headache is great, and the pain most marked in the occiput and nape. There is intense oppression at the chest with at first a dry cough, then rattling and wheezing with difficult expectoration. The appetite is impaired, the stomach and intestines distended with flatus, food in some instances passes undigested, with a diarrhœa preceded by pinching pains. The urine is of a dark orange colour, passed with difficulty, with frequent urging and pain at the neck of the bladder. There is a pustular eruption chiefly on the scrotum, on the neck and arms, the bends of the joints, and on the abdomen. It is in each instance worst on the genitals. The testes become hard and painful, sexual desire was lost, and finally impotence was established.

The *post-mortem* examination of Dr. Mayerhoffer's dog, which went through a process of slow poisoning by the *golden antimony*, throws still further light on the alterations of structure which ultimately result from the excessive use of this drug. The following is the record given in *The Cyclopædia of Drug Pathogenesy* :—

"Cerebrum much injected and partially softened, spinal cord normal. Fauces, trachea and bronchial tubes full of frothy viscid phlegm, lungs slightly reddened, partly infiltrated, partly hepatised, of dark red colour, spongy in structure, and full of viscid frothy mucus. Some grey tubercles in both upper lobes. Cavities of heart normal, but on the external walls of the aorta and pulmonary artery there were fibrous and polypous formations. Liver very much dis-

coloured, dirty greyish brown, spotted, swollen, spongy and full of dark blood. Spleen red and blue flecked; œsophagus full of frothy mucus and very brittle. Stomach very much enlarged, lax and soft, external coat in some parts thickened in others thinner; the lining mucous membrane quite smooth, as if swept out clean, exactly like the stomach in gastro-malacia. All the bowels lax, much mucus, and thin coloured fæces containing many worms, the blood vessels of omentum and intestines very much injected. The bladder contained a little dark coloured urine; in other respects all was nearly normal."

As I have remarked, these symptoms resemble a chronic catarrh of the mucous surfaces, and that of a very low type. Hence it is to be remembered in some cases of influenza in old people, when the nose, throat, chest and stomach are simultaneously involved in a weak but wearying and exhausting condition of sneezing, coughing, chest oppression, loathing of food and flatulence. Such a condition not unfrequently occurs when, as of late, influenza is more or less epidemic among persons of low vitality, and then the *antimony* is often one of the best indicated medicines.

Again, in what is termed atonic dyspepsia, it is especially useful. The patient is probably old or gouty, or of low vitality and a phlegmatic temperament; the tongue is furred or coated white, the mouth is clammy with clinging viscid mucus, the throat is relaxed, and there is frequent hawking of mucus; appetite there is none, or but little; any food taken oppresses the stomach, flatulence and eructation more or less offensive, and general abdominal distension occasion much discomfort; while the bowels, at first somewhat confined, irritated by undigested food, become slightly relaxed. Cases of this type of dyspepsia obtain relief from *antimony* sooner than from almost any medicine.

In similarly constituted persons, and from an enfeebled, relaxed, and swollen state of the mucous membrane of the larynx and trachea, the voice is occasionally lost for a time, and to such this medicine is distinctly homœopathic. Dr. Clifton (*Homœopathic Review*, vol. xii., p. 402) mentions a gentleman whose voice always disappeared after getting heated, whether from the state of the weather or the temperature of a room. He gave him *antimonium crudum*, and in three weeks he was per-

fectly well, and "remained so for some months, though frequently exposed to the cause of his malady. At the end of this time he again lost his voice. A few doses of *antimonium crudum* cured him, and he has suffered from no inconvenience of the kind since."

The eruption to which *antimony* is homœopathic is an eczema passing rapidly through its several stages until it becomes pustular, and is then described as E. impetiginodes. The genital organs are the parts which, when attacked by this form of disease, *antimony* influences most distinctly. But it is no less useful when the eruption is on the face, behind the ears, or over the abdomen.

In the first volume of *The Philadelphia Journal of Homœopathy*, the late Dr. Small reported two cases of eczema in which *antimonium crudum* was useful. The first had been so heroically treated, first with *sulphur* and then with *mercurial* ointment, before Dr. Small was called in, that it is difficult, indeed impossible, to say how far by this time his disease was medicinal and to what extent it was natural. Beginning with itching and smarting simply, when Dr. Small saw him he was "covered with dark greenish scabs, nearly as hard as horn, with here and there a crack from which was oozing a greenish sanious fluid. He was very much prostrated, and suffering literally as if immersed in burning embers." Relieved to some extent by sponging with warm milk and water, and subsequently by *arsenic* and *rhus*, "the burning reappeared and the skin began to resume an inflamed tumid appearance." *Antimony* was now given daily for a week, and during this time the burning entirely ceased; the skin became completely free from scabs, though exceedingly red; the patient was able to rest well, eat well and feel well. In a few days he returned to his work, and has remained well since, with the exception of some slight itching when overheated."

The second patient was the wife of the foregoing. She began to be ill as soon as her husband had recovered. As in his case, burning and itching were the initiatory symptoms, and were followed by a pustular eruption. *Arsenic* and *rhus* given at first had but little influence, but improvement set in directly *antimony* was prescribed, and she soon recovered. These cases are republished in *The British Journal of Homœopathy*, vol. xxiv., p. 312.

Caspari, one of Hahnemann's provers, appears to have felt the effect of the drug very strikingly in his feet. His symptoms, as given in Allen's *Encyclopædia*, are as follows —

"When walking the right foot feels benumbed, and goes to sleep.

"Constantly cold icy feet.

"His feet do not get warm before 1 o'clock at night.

"Large horny places on the skin of the soles of the feet, close to where the toes commence, which pained like corns, and always returned after being cut out.

"Great sensitiveness of the soles of the feet when walking, especially upon stone pavement for a long time.

"Sharp fine prickings in the soles of the feet."

In remarking upon these curious symptoms, Dr. Hughes says: "Hahnemann lays stress on a tendency to these callosities as indications of *antimonium crudum*, and Hartlaub and Trinks mention several instances of their cure by it. A striking case of the kind is recorded (*Amer. Jl. of Hom. Mat. Med.*, vol. iii, p. 38) by Dr. Alvarez Gonzales, where one of twenty years standing, involving the entire sole and very sensitive, was soon cured by the drug."

Is it possible that we may so far generalise from these facts as to hope that in that *opprobrium medicorum*, ichthyosis, we may find a remedy in *antimony*?

Dr. Marcy of New York reports having seen good results from using *antimony* in "eruptions caused or thrown out by gastric derangements." He also says that "in one case of stupid delirium caused by the sudden disappearance of a nettle-rash, two doses of the 2nd trituration of this medicine restored the rash and cured the delirium." (*The Elements of a New Materia Medica*, p. 386.)

The late Dr. Constantine Hering pointed out that in gouty or rheumatic pains of the extremities, when there was much stiffness, nausea and white-coated tongue, *antimony* was useful. In such cases it is only likely to be of service when the gastric symptoms in the patient fairly correspond to those produced by the drug. Gout with atonic dyspepsia is certainly relieved by it.

Antimony is a medicine that has commonly been used in the 6th centesimal dilution; for my part I prefer the third or third decimal trituration.

THE ACTION OF AURUM MURIATICUM IN DISEASES OF THE FRONTAL SINUS.

By Dudley Wright, M.R.C.S., Eng.

Surgeon for Diseases of the Throat, and Assistant Surgeon to the London Homœopathic Hospital.

I have had under treatment a case which seems to show marked benefit from the internal administration of *aurum mur.* given as a preventative of attacks of acute inflammation of the mucous membrane of the frontal sinus.

I have been able to watch the patient for a considerable time, and the good results obtained in her case from the drug has led me to try the same remedy in a second case which has lately been under treatment, and which, so far as the present time, has done well; though in my opinion the period of trial has not been sufficiently long to justify a definite conclusion.

The first patient was a Miss R., aged 39 years, by occupation a telegraphist, who was sent to me by Dr. Blackley. She was complaining of a periodic discharge from the nose, principally from the left nostril, to which she had been subject for two years.

The attacks would come on with a certain amount of regularity about every six or eight weeks, and last four or five days, and in the intervals there would be comparative freedom from any trouble with the nose.

Nature of the attacks.—As I have had opportunities of seeing the patient in some of the attacks, I can vouch for the correctness of the following account—so far as it relates to the accompanying symptoms—given to me on the occasion of her first visit.

The first attack occurred in March, two years previously. A headache had been present for a few days, and was accompanied by an intense burning pain in the region of the left frontal sinus whenever she bent the head forward. Suddenly, on making some movement which necessitated an extra exertion, she felt something give way high up in the left side of the nose, and there immediately flowed forth about a tablespoonful of clear fluid. This discharge continued at intervals for the next four days. Since that time attacks of similar nature have occurred nearly every six weeks.

The headache usually precedes the attack; then follows the discharge, often after a sensation as if something had given way in the nose. The fluid is clear, somewhat glairy, non-offensive, and further it has the property of stiffening linen. It occasionally becomes blood-stained towards the end of an attack. The headache continues during the first few days, and it is aggravated by hot applications. There is no nausea or vomiting during the attacks, but she always feels very ill and weak whilst they are present, and she usually passes some sleepless nights on account of the pain, and the body temperature is slightly raised.

After active symptoms have disappeared, the hearing becomes too acute, so that noises cause actual pain, and on a few occasions she has had pain in the ears. Likewise, the sense of smell appears to be abnormally excitable, as most ordinary odours produce a feeling of nausea; on the other hand, vision appears to be somewhat obscured.

I examined the patient carefully, and could find but little abnormal in her condition. The heart and lungs were normal, and the nervous system seemed unaffected. The pharynx was slightly granular, and examination of the nose showed nothing beyond a general hyperæmia of the mucous membrane.

Electric trans-illumination of the maxillary antra gave a negative result; though it is right to mention that the frontal sinuses did not transmit any light; but, as it is doubtful whether they usually do so, it is not necessary to lay stress upon this point.

On one or two occasions during the attacks I passed a curved frontal sinus tube up the nose, and washed out the left sinus, but the injected fluid returned without alteration of its condition, and the procedure caused the burning pain to reappear in the frontal region. It should be mentioned that the patient was a brunette with a somewhat sallow complexion.

The patient was under my treatment for several months before I ordered the *aurum*, and during that time she had numerous attacks, *e.g.*, from the end of May to the beginning of November, 1893. She had five attacks, making an average of one every month. During all this time she received the following medicines: *merc. bin.*, *ignatia*, *apis mell.*, *ars. alb.* and *hepar sulph.* The

apis was given for a curious attack of œdematous swelling of the tongue which appeared during the course of treatment.

On November 6th, 1893, shortly after one of the usual bouts of illness, I ordered her *aurum mur.* 3x gtti. t.d.s., and she has continued taking this medicine regularly ever since with the exception of two weeks during December, and since its use she has not had a single sign of the previous trouble.

The second case, one in some respects very similar to the above, is that of a Miss H, an elderly lady, sent to me by Dr. Moir, who was subject to attacks of severe pain in the frontal region, worse on the left side. The patient sprang from a very gouty stock, and was subject to rheumatic arthritis of the smaller joints. The attacks of which she complained would come on quite suddenly with irritation in the left ear and occasionally slight bleeding from the same, followed in a short time by violent fits of sneezing and pain and a sense of weight in the region of the left frontal sinus. This would last for about a week, and be relieved by a discharge of brownish coloured mucus from the left nostril. During the last few attacks the sense of smell had been lost.

Examination showed slight tenderness to pressure and a slight prominence at the inner and upper angle of the left orbit. In the nose there was considerable obstruction of the left meatus by a deviation of the septum, the right meatus being thereby rendered unduly wide. There was some eczema of the left external auditory meatus Electric trans-illumination shewed a slightly less transparency of the left antrum, the light crescent, normally present beneath the left eye, was absent. Washing out the left frontal sinus through the nose brought away a small amount of pus, and produced a pain behind and at the side of the left eye.

The patient had received previous treatment in the way of local applications and electrolysis of the nasal mucous membrane. Since taking the *aurum* (seven weeks) she has been free from attacks; but I think a longer period of observation is desirable.

In Allen's *Encyclopædia* several head symptoms are given under *aurum mur.*, which seem to correspond to some in the above two cases. Such are, "burning in the forehead," "violent pain like a toothache in the

left frontal eminence, extending towards the infraorbital foramen."

Also under the heading of *Ears* and *Nose*, especially the latter, are symptoms which were present in the second case, *e.g.*, "much sneezing in succession, then tearing in left nasal bone towards the eye."

I have not had an opportunity of using this remedy during the acute stage of the disease, but I see no reason why it should not be efficacious; the symptoms given above certainly would lead one to presume that it should be so. On the other hand, I should not expect much benefit from it in those somewhat slow and obstinate, yet painless conditions, where the frontal sinus is slowly distended by accumulation of fluid within its cavity, with gradual absorption of the overlying bone; such cases being best and quickest remedied by surgical measures.

A CASE IN ANÆSTHETICS.

By J. Roberson Day, M.D., Lond.,

Assistant Physician and Anæsthetist to the London Homœopathic Hospital.

On the morning of February 6th I was asked to anæsthetise a patient who required curetting of the uterus.

The patient, Miss B., aged 30, had been properly prepared for the operation, was tall and spare, and told me her heart was "weak," although I could find nothing wrong.

Contrary to my usual custom I gave her the A.C.E. mixture, and this she took without any excitement, and as soon as she was sufficiently unconscious was drawn down to the end of the table and placed in the lithotomy position, the "crutch" being used, the strap passing *over* one shoulder and *under* the other, a method which is preferable to passing it round the neck and over *both* shoulders.

The speculum had scarcely been introduced before the breathing became shallow, the pupils dilated, and she was pulseless at the wrist. Instantly the legs were let down and artificial respiration commenced, the head being drawn over the side of the table well back, and the tongue pulled forwards with the forceps, and the

Mason's gag used to keep the mouth open. With the prompt co-operation of the operator and nurses a hypodermic of brandy was given in the left pectoral muscle, and two one-ounce injections of brandy into the rectum at short intervals. These measures were sufficient, and we had the satisfaction of seeing the patient again breathing and the pulse return.

After this *contre-temps* I considered it advisable to discontinue the operation for the present.

On February 9th the patient was again prepared for the operation, and at 11.45 a.m. I gave her "gas" and ether. After four or five breaths of the "gas" she became sufficiently unconscious to breathe the ether, and this was gradually administered, the breathing continuing deep and frequent, and she rapidly became unconscious, being very susceptible to the influence of anæsthetics. She was then drawn down to the end of the table and the legs held up by nurses, which is safer than the use of the crutch, and where nurses are available should be adopted.

The operation lasted twenty minutes, and the patient gave no anxiety, breathing quietly and deeply all the time, and the pulse continuing excellent.

Remarks.—This case is instructive, and fully bears out the now generally accepted opinion of the greater safety of ether in preference to other anæsthetics. The circumstances were precisely the same in both cases, with the only exception that on the second occasion no crutch was used.

There was nothing wrong with the A.C.E. mixture used, and on the same morning (February 6th) I anæsthetised two other adults with no untoward results from the same bottle.

CONSULTATION DAY.—LONDON HOMŒOPATHIC HOSPITAL.

(*Continued from page* 115.)

The sixth case was one of *enlarged liver and spleen* in a woman of 65 years, a patient of Dr. Epps.

This case created considerable discussion, as there was great diversity of opinion as to the nature of the disease. Some of the members present considering the case one of spleenic leucocythæmia, others that the

enlargement of the two organs was due to stenosis of the tricuspid and mitral valves, causing enormous passive congestion of the liver and spleen, others again considered the entire tumour, which reached from one flank to the other, and descended to the umbilical line, an enlarged liver and in no way connected with the spleen.

The following is the history of the case in brief.

Mrs. H., aged 65 years, married at 31, has had six pregnancies, one premature which confined patient to her room for three months.

Past history.—Palpitation since childhood, short breath since Jan. 1893. Wasting, with feeling of weakness for six months. Patient had noticed enlargement of the abdomen, beginning with hardness and fulness of the left hypochondriac region, and difficulty of breathing for six months, these had very much increased during the last three months. The legs had been swollen for two months.

Present condition.—Appetite good, tongue clean, no thirst, bowels often very much relaxed but regular for the last four weeks.

Urine.—20 oz. daily during the last fortnight, sp. gr. 1022, very acid, reddish in colour with much red deposit, no albumen, no sugar, abundant urates and phosphates.

Pulse 120, very irregular, respiration 24, temperature normal. Patient sleeps in a sitting posture, but is much disturbed by pain in the legs.

No history of hæmorrhage of any kind during the last six years.

Examination.—Lungs normal.

Heart.—Dulness much increased, apex beat diffused, most perceptible two inches below nipple. Heart sounds very irregular. Diastolic and systolic bruit at apex. Veins over sternum enlarged and pulsating. Superficial arteries over sternum atheromatous.

Abdomen very much enlarged, girth 42 inches. Percussion note (patient on her back) dull all over excepting about three inches around the umbilicus, marked fluctuation where dull, both flanks tympanitic when patient turns on her sides. Palpation revealed a large, smooth, solid body, evidently the liver, on the right side reaching almost down to the right hip and filling two-thirds of the right abdomen. The line of the tumour

extended across the abdomen to about an inch from the linea alba, where it runs upwards to two inches above and to the left of the umbilicus, here it turns obliquely downwards and outwards to one inch below the umbilicus, and it is then continued at this level into the left flank. Upwards the dulness reaches to the right fifth interspace, nipple line; and to the seventh left rib, axilla line.

Legs œdematous and brawny to the hips. Face slightly puffy on waking. No enlarged glands to be felt.

Blood.—Dr. Lambert kindly examined the blood under the microscope and found a considerable increase in the leucocytes. A specimen taken by Dr. Epps ten days previously did not appear to show this increase.

As patient's size was becoming very unwieldy, and her breathing space very limited from the rapid increase of the ascites, it was thought that tapping would have to be resorted to.

The medicines employed had been *ceanothus A.* ϕ for one week, and *digitalis* ϕ and *arsenicum* 3x in alternation for a fortnight.

Since the consultation.—Infusion of *apocynum* ʒi. ter die has been given with marked effect, the daily quantity of urine having increased in five days from 20 to 100 oz. in the 24 hours. With this increase in the urine, the heart's action has become much slower and stronger, and the ascites and œdema of the legs have quite disappeared, The bowels during this time acted only once daily. The organs could now be easily felt. The spleen reaches to the left hip and the liver to two inches below the right hip, the line of demarcation being easily felt. The diagnosis still, however, remains obscure. Before coming to L. H. H. the case was seen by one of the staff of U. C. H., who provisionally diagnosed it as one of leucocythæmia.

On Jan. 5th four cases were shown, the three first from Mr. Dudley Wright's clinic, and the fourth from Dr. Neatby's clinic.

1. A case of *extensive cicatrices* of the scalp, neck, face and pharynx, the result of previous syphilitic ulceration, in a male, aged 55 years.

The ulceration commenced some thirty years ago on the face, and rapidly spread to the neck and head. This was followed by ulceration in the mouth and pharynx,

during which a considerable amount of bone was lost from the palate and alveolar margins.

The patient had received treatment for the complaint during the first two years of his illness, but appears to have been untreated during the following 28 years, and the disease was now evidently latent. Ulceration had also occurred on the flexor aspect of both arms and had resulted in considerable loss of skin tissue in that region. There was no distinct history of syphilis.

The greater part of the hair of the scalp had been lost, and scarcely any normal skin surface was left on the head and neck. On the face, also, some extensive scars were present, notably a large one across the nose and cheek, very similar in shape to the "bat's wing" patch seen in lupus erythematosus. Fortunately the scarring had produced no deformity of the eyelids and mouth. The aperture between the pharynx and posterior nares was much contracted owing to the loss of tissue and cicatricial contraction. There was also a perforation of the hard palate into the nasal meatus, a perforation of the nasal septum, and loss of the alveolar margin corresponding to the insertion of the upper incisors. Most of the teeth had also been lost.

2. A case of *necrosis of parts of the ethmoid bone*, of four months duration and probable involvement of the maxillary antrum, in a woman aged 50.

The malady was attributed to a blow on the side of the nose from a ball. There was a suspicious history of syphilis, inasmuch as the patient had previously suffered from a severe sore throat and had had four miscarriages.

Dead bone could be felt with the probe on the outer wall of the left nasal meatus above the middle turbinate, and the mucous membrane covering the latter structure was swollen and pitted, and resembled the sodden and wrinkled condition of a washerwoman's fingers.

Pus was seen coming from above and below the middle turbinate, and a small polypus was found springing from beneath the lower border of the turbinate. There was also some swelling of the left side of the nose externally and some obstruction of the lacrymal duct. It was for this trouble that she first sought medical treatment, and was under Mr. Knox

Shaw's care and was subsequently transferred by him to Mr. Dudley Wright.

Examination of the antrum by electric trans-illumination showed, at first, some opacity of the structures on the diseased side, but the patient, with the eyes closed, was conscious of the passage of light through the walls of the antrum; and examination four days later showed very little difference in the translucency of the two sides. It is, therefore, probable that the antrum did not contain pus, though the condition of the meatus—pus flowing from beneath the middle turbinate, and a polypus situated in that position—was decidedly suggestive of this being the case.

The patient was taking *acid. nit.* 2x ♏i. t.d.s. and using a weak antiseptic lotion.

3. A case of a woman suffering from a *small firm tumour* in the region of the transverse colon of some weeks' duration. The tumour was about the size and width of two fingers, freely moveable and tender on pressure.

The diagnosis of all the members present, with one exception, was a case of hard fæces in the colon. This was, however, distinctly provisional on the bowels being cleared with enemata. The member of the staff who differed from the general opinion, considered the tumour to be a moveable kidney, as on deep pressure from above in the left flank he could go deeper than usual.

4. A case of *pulsating tumour* in the region of the left auricle, which was generally thought by the members present to be caused by an aneurism of the descending aorta pressing forwards.

REVIEWS.

Hysterectomy by a New Method; which is simple, safe and bloodless, and entirely obviates the necessity of either clamp, cautery or ligature, &c. By E. H. Pratt, M.D., LL.D. Chicago.

New methods of hysterectomy are almost as frequent as new remedies for hysteria, and a comparative survey of the results of the former indicates the skill of the operator, and not the method employed, as the prime factor.

Dr. Pratt has elaborated a new method of removal of the uterus *per vaginam* in that limited class of cases in which

such an operation is practicable. The main feature in this is the enucleation of the uterus from its bed of connective tissue by the scissors, in such a way that no blood-vessel of size is wounded and no ligature employed. We do not agree with Dr. Pratt's condemnation of ligation on his grounds, for his objections as set forth would equally apply to the safe and universal practice of tying ovarian pedicles. But knowing the often extreme difficulty of safely applying ligatures in vaginal hysterectomy, the great liability they have of slipping, and the ease with which the ureter is included, we regard his modification of this operation as a very desirable addition to surgical methods.

Nine cases are cited, in each of which Dr. Pratt performed his modified operation, and all did well. It is probable that in Dr. Pratt's hands each would have similarly done well with some other form of this surgical procedure, for the true test of the value of a new operation is not the safety with which it is done by the founder, but the ease with which it can be repeated by others. Concerning this, in the case of the operation here considered, we have no testimony.

The after management of the cases seems to have been excellent, for they all recovered without let or hindrance. We hold this to be the real criterion of a surgeon's ability—the ease and continuity of the convalescence, rather than the brilliance and dash of the operation. Judged in this light, Dr. Pratt's work ranks high. King Charles' head, in that variety known as the "Orificial philosophy" is somewhat less *en evidence* than usual. In the majority of the cases the "American operation" shares, with the removal of the uterus, the honours of the cure. By the "American operation" we understand an operation solely performed on Americans, or by them. For the latter, so conservative is Europe, we can vouch. And the "orificial philosophy" is scarcely advanced by such statements as that "all ovarian . . . . diseases have their beginning in the endometrium." Dermoid cysts of the ovary, to take the first example to hand, a European pathology does not thus account for. But perhaps the performance of the "American operation" might clarify our ideas on this subject.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fifth meeting of the session was held at the College of Organists, Bloomsbury, on Thursday, February 1st, Dr. Goldsbrough, Vice-President, in the chair.

Dr. E. L. Compston, Crawshawsbooth, near Manchester, having been duly nominated was elected a member by ballot.

Dr. Burford showed for Dr. Mason, of Leicester, a large sloughing adenoma for which Dr. Mason had amputated the breast.

Dr. Byres Moir showed a preparation of a heart removed from a case of acute ulcerative endo-carditis.

Mr. Knox Shaw showed an oxalate of lime calculus, weighing 88 grains, removed by nephro-lithotomy from the left kidney of a man aged 22.

Dr. Washington Epps read a paper on *Dermatitis Herpetiformis*. He followed Duhring in his description of the disease and supported Stephen Mackenzie in his designation of its pathology as a cutaneous neurosis. He presented in tabulated form twenty-three cases with a view of eliciting information on the difficult question of etiology. He then very fully described a case that he had lately had under his care, a woman, aged 55 years, and gave a detailed account of the treatment employed. Dr. Epps then pointed out the differential diagnosis between the disease under discussion and pemphigus, urticaria and erythema. He then gave the remedies homœopathically allied to dermatitis herpetiformis and mentioned those used by old school dermatologists. The discussion that followed the reading of the paper was taken part in by Dr. Dudgeon, Dr. Blackley, Dr. Edward Blake, Dr. Wolston, Dr. Byres Moir and Dr. Goldsbrough.

Dr. Theophilus Ord, of Bournemouth, then read a paper on *The Arrangement of the Materia Medica*. After pointing out that our present standard works—the *Materia Medica Pura* and the *Cyclopædia of Drug Pathogenesy*—were ill-adapted for purposes of rapid reference owing to the arrangement of the symptoms of drugs contained in them, the author urged the importance of attempting the condensation of their material (with elimination of the unreliable matter) into some more practically useful form, for the convenience and guidance of the practitioner in busy moments. He explained that although there might be no need of such a work for the seniors in homœopathy, who knew their materia medica, for the juniors the want of such assistance tended to encourage the use of prescribers' guides and therapeutic keys rather than the study of the materia medica; that this was a matter of special consequence to the many recently elected members of the British Homœopathic Society at the present time. After a brief criticism of the chief arrangements in use, it was observed that the *schema* had proved itself to be the most generally useful in practice, and that this was chiefly due to the fact that its form most readily coincided with the mental

processes involved in comparing symptoms and prescribing homœopathically. A specimen page of an arrangement devised by Dr. Ord was then handed to each member, and the method adopted was explained. The chief points observed were (1) the grouping of analogous symptoms into separate paragraphs, (2) indicating these groups by an initial word or sentence in larger type, (3) collecting the unreliable matter into paragraphs of smaller print.

A discussion then followed in which Dr. Ord's proposals were criticised by Drs. Dudgeon, Hughes, Knox Shaw, Lough, Burford, Neatby, Blackley, Moir, Gerard Smith and Goldsbrough.

NOTABILIA.

OUR CRITICAL CONTEMPORARY.

The Homœopathic—or, according to a comparatively recent editorial fad, *Homeopathic—World*, is never so interesting, and therefore never so amusing, as when it goes on the critical war-path! The facility with which it regards assumptions as facts, and the charming self-confidence which pervades the conclusions drawn from these assumptions, are truly comic! In its February number, in a tone of surprise or contempt, we do not know which—at any rate in a tone of self-confident assurance—it declares that it "holds to every word" of an article in its November number which we had declared to be "highly misleading"; we repeat that that article—one on "The American M.D."—was "highly misleading," and its last paragraph calculated to be mischievous in the extreme to any one who should act upon its teaching.

1. In that article, the editor said that the rule that membership of the Congress was "open only to practitioners on the British Register" was, he believed, "largely due to the fact that the British Homœopathic Society, by its fundamental rules, is only open to registered practitioners." He gave no grounds for this belief, except that members of the Congress are nearly all members of the Society, and that they are "thus very likely to carry their British Homœopathic Society consciousness into the Congress." This is no reason whatever for the fact that members of the Congress are restricted to registered practitioners. Fortunately, at the present day, nearly all medical men, known to be practising homœopathically, are members of the Society. But it was not always so. Dr. Gibbs Blake, who was for many years secretary of the Congress, said on the occasion referred to, "that he had had a great deal of trouble over a similar matter. The members

were quite unanimous that it would not do to open Congress to men who only had degrees that were unregistrable." In point of fact the rule is nearly as old as the Congress, dates back to a time when the membership of the Society did not comprise one third of the members of the profession who were practising homœopathy!

2. "In International Congresses we receive American graduates on absolutely even terms with ourselves." Is it really necessary to remind the astute editor of the *Homeopathic World* that a British Congress is one sort of gathering and an International one quite another? To the former only British practitioners are admitted as *members;* to the latter any man, whose qualification entitles him to practise in the country from which he hails, is of course received as a member; it would not be International were it otherwise. Refusal to regard a man qualified to be a member of an International Congress as being equally qualified to join a British Congress, the editor of the *Homœopathic World* describes as "the essence of priggishness" whatever that may be! Something horribly degrading to any human being we presume!

3. It must be eminently gratifying to our Trans-Atlantic colleagues to know that "At any rate the course of the *Homeopathic World* is clear." This "course" is as follows: "we decline to recognise any distinction between the M.D. of New York, of Michigan, of Philadelphia, of any of the accredited homœopathic schools of the States and the M.D. of London or of Edinburgh." We will venture to say that if any of the pupils or graduates of the former came over here, and were admitted to examination at either London or Edinburgh, they would feel the distinction which the editor of the *Homeopathic World* refuses to recognise.

Our system of medical education and training has been the outcome of centuries of experience. Moreover, those who have developed it have had the advantage of having to provide for the gaps in an already over-stocked profession. The United States, on the other hand, is a young country, and has had to make provision of some sort or other for medical attendance upon a rapidly increasing population scattered over an enormous area, so that it is only within the last few years that the degree of an American medical college has come to represent an amount of medical education or training approaching that which our Universities and Colleges consider essential for a man to have who proposes to devote his life to the practice of medicine. And even now formidable difficulties present themselves in America to those who are anxious to exact a higher standard of medical education, the chief of which is the competition which prevails there for the

teaching and graduating of medical students. To diminish the evils resulting from such competition, several of the States have established the German arrangement of *staats examen*. And in these States, the M.D. is but the certificate of the holder having been medically educated to some extent; it is no qualification for practice any more than is the M.D. Berlin in Germany.

It is no reflection upon medical education in the United States that it is no higher than it is; on the contrary, with every circumstance that could tend to keep it below the level of that which prevails in European countries in full force, it is much to the credit of the profession and people of the States that it stands as high as it does. We are glad, indeed, to know, on higher and better authority than that of our contemporary, that the American Institute of Homœopathy, and some of the homœopathic medical colleges, have ever been in the van in promoting higher medical education and a further medical training. Conspicuous among such schools have been the medical school of the Boston University, the New York Homœopathic Medical College, and the Hahnemann College of Philadelphia.

4. While this is so, we regard the advice of the *Homeopathic World* that young men who intend to practise in this country should be sent to the United States for their medical qualification, as most mischievous and "utterly misleading." However well educated such men might be, they could never practise in this country with any degree either of comfort or success. So to do a man must be registered. Few American or Continental degrees are registrable, and even with a British diploma that is unregistered a man is not qualified. This was proved at the Leeds assizes a year or so back, when an unregistered M.D., Edin., was convicted of a misdemeanour, in that he, being an unqualified practitioner, had signed a certificate in lunacy. Hence, we repeat, that to induce young men to sacrifice their prospects in life in this way is "mischievous." While to do so in the hope that "the homœopathic public would support them," and in reliance on the possibility of the editor of the *Homeopathic World* not being "greatly mistaken" that "the professional homœopaths would stand by them as well," is "utterly misleading."

In the February number of the same journal the editor devotes several pages to, as he terms it, put us "right." This is kind; but as we feel that it is the editor of the *Homeopathic World* who is in the wrong, we will return the compliment and endeavour, in a matter of fact way, to put him right.

1. It is not true that the gentleman who was refused an

invitation to the Congress on the ground that he was not and could not be a registered practitioner, had expressed a wish "to attend the annual Homœopathic Congress at Northampton in order to report the proceedings for an American journal." He simply wrote to the secretary and complained of his not having received the circular of invitation to the Congress which had been issued to medical men practising homœopathy. On being informed that he was not eligible for membership, he wrote to the secretary, saying that personally he had no desire to be present, but that he had been asked to report the proceedings for *The Medical Century*, a journal published in Chicago, while at the same time he would not go to the meeting on sufferance. These facts were not related by the secretary as matters of memory, but with the letter containing them in his hands. The attempt to manufacture a grievance out of this, to represent the refusal to admit an unqualified man as a member of the Congress, as being a refusal to admit a reporter for an American journal is a contemptible proceeding. As a reporter, he would of course have been allowed to be present—as a member he could not be. The editor of the *Homeopathic World* goes so far as to say that the report expressly stated that he was refused permission to report for the American journal because he "did not possess a registrable degree." The report said nothing of the kind; had it done so it would have said what was absolutely and literally untrue. This is another of those assumptions that, in the pages of our contemporary, do duty for facts!

2. The editor further states, that it "turns out" that certain statements made by the secretary "were not in accordance with fact," and have since been apologised for. The statements referred to have not as yet been *proved* to have been wanting "in accordance with fact," to any important extent. The secretary was mistaken as to the date of the gentleman's graduation in America, and if the statement that it was Charing Cross hospital instead of Westminster was not a reporter's mistake, it was a slip of the tongue on the part of the secretary, who knew it was Westminster. His memory being proved to have failed him in one particular, he the more readily accepted the assertion of M.D., U.S.A.—"I did not study only anatomy but physiology, midwifery, diseases of women, surgical anatomy, &c." To the suggestion "that it would render his position much stronger and clearer with the public, if he would state categorically when and where he passed through the curriculum of study he delineates in such very general terms in his letter, naming the hospital at which he studied, and the dates at which he attended the

various courses of lectures he mentions," he has up to this time made no response. Until some such statement as this is furnished and verified it cannot be correctly asserted that, so far as the remarks of the secretary referred to these points, they have "turned out" to be "not in accordance with facts." We are quite willing to hope that the assertion may yet be *proved* to have been correct. At present we have no evidence of its being so. We can, however, state as a fact, that anatomy was studied by him at the Westminster Hospital for *three* months, having been informed by the Dean of the Medical School that such was the case.

3. From this point the editor of the *Homœopathic World* proceeds to indulge in a goodly outburst of sheer nonsense. To respect and insist upon conformity with the educational requirements of the General Medical Council is to ascribe to the gentlemen forming it "divine illumination" and "plenary inspiration"! The members of the General Medical Council are human beings, as liable to err as other men are, and oftentimes, doubtless, they have made mistakes. But they are where they are, and do what they do, in obedience to the laws of these realms. Such being the case they are entitled to our respect and to our obedience to their decrees, so far as these are legal and binding.

4. We are next told, that "there is a good deal of wholesome truth" in the following remarks culled from the *Medical Press*, which has the advantage of the editor's testimony to its being "the only independent organ of allopathic medical opinion in the country":—"We protest," says the *Medical Press*, "that the student has come to be regarded as a method devised by Providence for providing fees for teachers, and that his interests and those of the profession and the public are being unblushingly sacrificed, by the General Medical Council and the licensing bodies, for the monetary advantage of any class of specialists which can make loud enough noise and exercise sufficient private influence upon wire-pullers." This—a charge of the gravest and grossest character, made upon a body of men who have distinguished themselves in their profession and are everywhere regarded as men of honour—is put forward without one single fact to support it!

5. In the opinion of the editor of the *Homeopathic World* it is very doubtful whether any additional study will be of advantage to the general practitioner. And he then asks "Why should the *Review* stop at the British standard?" The simple answer to this is, that the law stops there.

6. We are next favoured with the views of the editor of the *Homeopathic World* upon how a medical curriculum of study

might be improved. Into these we need not enter now, as there does not appear any immediate likelihood of their coming under the consideration of those to whom are committed the arrangement of such matters.

7. The following paragraph is of the cynical type of a certain class of controversialists who, conscious of having "no case," make up for their lack of facts by ascribing insincerity to their opponents, and flinging epithets at them which they trust will be felt to be annoying. Thus the editor of the *Homœopathic World* writes of "the most Turveydropsical member" of the British Homœopathic Society." What constitutes a "Turveydropsical member" is a mystery! Who, therefore, has the distinction, if it is a distinction, of being "the most Turveydropsical" of the Turveydropsical group is past finding out. That the editor can give an intelligible meaning to his new adjective is not likely. He coined and used it, in all probability, because, to his eccentric notions of original humour, it sounded "funny," and was well-suited to the pages of the *Homœopathic World*. It is difficult to suppose that it was not intended to be offensive, as well as funny. We are inclined to think, however, that he will fail to hit the mark, as, so far from members of the Society treating it as offensive, they will simply see in it painfully strong evidence of extreme silliness, and of the editor's unfitness to represent medical men of any school of therapeutic thought as the conductor of a medical journal. It reminds us of the offensive epithets hurled by the late Mr. Wakley at the distinguished surgeons of the Borough Hospitals in the early numbers of *The Lancet*.

The article concludes with a most ridiculous passage in defence of medical anarchy. Anybody may practise medicine provided he does not falsely pretend to be a qualified medical man; and, therefore, any one, whether qualified or unqualified, is a fit and proper person to be a member of the British Homœopathic Congress! Mr. Harris most properly and correctly said at Northampton that "If we once relaxed our rule with regard to registered practitioners, we should open the door to some who would be no credit to our body." If this is true, and no one except the editor of the *Homœopathic World* is likely to doubt that it is so, where should we be if the professional anarchy, we have alluded to, were indulged in?

Few things are more prejudicial to the progress of homœopathy in making converts among medical men, than such attempts to lower the status and to degrade the position of members of the medical profession as those to which we have drawn attention as being advocated by the editor of this

homœopathic medical journal—the *Homeopathic World*. Homœopathy will advance in spite of them; it is too great a truth to be much influenced by them; but they offer ample excuse for this advance being made more and more in secret, and so to deprive us of the help of men who would be an ornament to our body and render us valuable assistance in the propagation of a knowledge of the truths entrusted to us. We know quite well that in his views on professional status and on education, the editor of the *Homeopathic World* has few, if any, sympathisers among medical men practising homœopathy, and had these views been given to the *World* merely as his individual opinion, no one would have thought of attaching any importance to them. Their appearance under editorial sanction in a homœopathic journal is, however, but too well calculated to create the impression that homœopaths generally accept them and desire to obtain practical shape for them. That such is not the case we are confident, and hereby protest against the medical representatives of homœopathy being associated with them.

THE VACCINATION COMMISSION.

The following article on the above subject from the *Times*, of February 2nd, is so important and instructive that we make no apology for quoting it entire. It needs no comment:—

"The Royal Commission appointed to inquire into the subject of vaccination has completed what is described as a 'fourth report,' contained in a Blue-book of some 500 folio pages, mostly printed in double columns, and carrying the record of the work of the Commission from the 2nd of July, 1890, to the 28th of July, 1891. There is, to speak strictly, no 'report' at all, but merely the evidence of a very heterogeneous collection of witnesses, 58 in number, taken during 33 meetings of the Commission. Perhaps the most important, and certainly the most voluminous, portion of this evidence, is that of the several persons who describe the rise and progress of the agitation against vaccination in the Borough of Leicester; and of these the first place must be assigned to Mr. John Thomas Biggs, who was examined at great length on no fewer than 17 different occasions during the year, and who may, perhaps be fairly taken to represent the typical 'anti-vaccinator.' He first appeared before the Commission, in company with five other gentlemen, as a deputation from the town council of Leicester, and in order to submit a resolution passed by that body, 'That, in the opinion of this council, it is inexpedient and unjust to enforce vaccination under penalties upon those

who regard it as unadvisable and dangerous.' In the course of the lengthy narrative which Mr. Biggs has been permitted to place before the public, he spoke of the opposition to vaccination in Leicester as having originated in the experience gained in the small-pox epidemic of 1872, that a large number of persons who had been vaccinated, and who supposed themselves to be secure against infection, were found, by experience, to be unprotected, and to be liable to suffer. In this way, he stated, the general confidence in the efficacy of the proceeding was greatly shaken; and soon afterwards a certain number of agitators gained possession of the public ear, and succeeded in producing an impression that the operation was not only useless, but also, in a certain number of instances, actively injurious. The result was that infantile vaccination became more and more neglected, until the figures of the official returns produced a remonstrance from the Poor Law Board, and a consequent endeavour, on the part of the local magistracy and of the board of guardians, to cause the law to be enforced. The consequence of this action was that large numbers of parents were prosecuted and fined, that some of them were either unable to pay the fines or refused to do so, and were consequently sent to prison, or had their goods taken by distraint. A letter from Inspector Howe to the Chief Constable, under date December 24, 1889, furnishes the following statistics upon this part of the question :—

"I beg most respectfully to hand you herewith a return of the number of persons proceeded against under the Vaccination Act, as shown by the records of the Leicester Borough Police books, from the year 1868 to 1889.

"The return shows that 6,087 persons have been proceeded against. Of this number 997 were dismissed, 1,115 ordered to have their children vaccinated, and 8,925 fined, of whom 274 were ordered to pay costs, varying in sums amounting respectively from 1s. up to £2 11s. The amount of fines, together with costs, amount in the aggregate to £2,114 17s. 198 distress warrants were issued for £92 18s., with the result that the amount of £76 4s. was recovered. 57 persons were committed to gaol in default of payment of fines or costs; three of these suffered three terms of imprisonment each, and one of them was imprisoned twice, making a total of 64 committals. Between three and four hundred of those proceeded against appeared before the magistrate from twice up to five or six times before a decision was given, and which are only recorded in my return as having appeared once. I am unable to give the number of policemen engaged in the execution of distress

warrants, it having been done by the summoning officer with such assistance as he required from time to time.

"It can hardly be matter for much surprise that these proceedings excited a good deal of sympathy in the minds of people who neither knew nor cared much about the real question at issue, and this sympathy seems to have been artfully inflamed by the wide diffusion of statements which, as a rule, were not calculated to bear strict investigation. The sales of goods taken in distraint were impeded by turbulent crowds, the prisoners released from gaol were met by triumphal processions, and the anti-vaccinationists generally were assisted and encouraged to assume the airs of martyrdom. Mr. Biggs, in his evidence, said that, out of the large number of persons summoned, there would occasionally be a few who would make a defence and ask for the remission of fines or for dismissal, and that under this head he had collected the cases of 64 parents, who testified to 24 instances of death (from vaccination), and to 32 of injury in their families or near relatives or persons of their own acquaintance. When pressed with regard to the evidence connecting the 24 deaths with vaccination, he had nothing more cogent to adduce than the beliefs of people who were mostly uneducated, and who were prepared to attribute to vaccination any illness, whether trivial or fatal, which occurred within a short time after its performance. He promised to endeavour to procure the medical certificates of the causes of death in the cases referred to, but was able to obtain only four of them and these did not support his contention, but assigned causes widely different from either vaccination or any of its probable consequences. Some of the deaths were from diarrhœa, a malady which is very fatal among the children of the poor, and which has been exceptionally prevalent in Leicester for several years. When pressed upon this point, Mr. Biggs took refuge in the suggestion that perhaps if the children had not been vaccinated they would have escaped the diarrhœa; and he went on to contend that medical men, even if they believed certain deaths to be due to vaccination as the primary cause, would refrain from saying so, and would assign only a secondary cause in their certificates. Asked to give any instance, he mentioned the seemingly unqualified assistant, whose very name he had forgotten, of a practitioner in Leicester many years ago, who was said privately to have expressed to a father an opinion that the death of his child was attributable to vaccination, but who, when asked to certify to this effect, mysteriously answered that 'he dared not.' On all this part of the question there was nothing but a string of 'he-saids and they-saids' from ignorant people, who, in some cases at

least, were directly contradicted by skilled testimony. 'Mrs. Kate Hart,' for example, deposed as follows:—Questions 14,216 *et seq.*)

"14,216. (Chairman). You live at 5, Lower Hill Street, Leicester?—Yes.

"14,217. Your daughter Annie was born on the 11th of February, 1887?—Yes.

"14,218. And vaccinated in the following October?—Yes.

"14,219. By the Public Vaccinator?—Yes.

"14,220. Was she quite well at the time?—She was perfectly healthy at that time, and after she had been vaccinated three days she began to be ill, and about seven days after she began to swell in every joint that she had—her arms, knees, fingers, every joint in the child's body. They made three places upon the child's arm, two of which did not take at all, and on the one that took it went into a large black hole (it never made a pock mark at all) large enough to drop a pea in; that was after the child had been done about seven days.

"14,221. Was the child taken to the Infirmary?—Yes.

"14,222. When did she go to the Infirmary?—Not for some time after that. I had it under Dr. Emms for five weeks; he said it was 'water' on account of its eyes being swollen up so much. We feared the child would go blind on account of its eyes swelling so. I had it under him three weeks, then I thought I should like better advice. I ought to say I took it to Dr. Emms two days before it died, and I asked him what was the reason of the child's legs and fingers all coming into blisters, and he simply laughed at me, and said it was 'simply the goodness coming out of the child.' That was not a right thing for a doctor to say to a mother. I said 'It is a funny goodness; I shall have to seek better advice.' I took it to the Infirmary, where two doctors saw it, who told me that it was a very bad case of blood poisoning, and that I should take it home at once or it would turn fatal. The child died directly after I got home.

"14,223. Do you know what was the certified cause of death?—Dr. Emms gave me a certificate of the cause of death as convulsions.

"14,224. Do you know who the doctors were whom you saw at the Infirmary?—I do not know just now, but I could get to know. The child's head was double the size that it ought to be, and after the child's death it was the colour of ink; there was not a joint or part about it which was not completely cracked open. We were not able to wash the child for a fortnight, it was so inflamed, every bit of it.

"14,225. Do you mean a fortnight before the death?—Yes.

"14,226. Had it got at all better?—No, it never got at all better.

"14,227. That state of things continued till the child died? —Yes.

"14,228. (Mr. Hutchinson). How long did it live after the operation?—Just six weeks.

"14,229. (Mr. Meadows White). What was the name of the child?—Annie Hart; the lower part of the child's body was completely skinned all over.

"14,230. Annie was the name upon the certificate?—Yes.

"14,231. (Mr. Hutchinson). What was the state of the arm which had been vaccinated at the time the child died?—It showed a large black hole; it never became a pock mark at all; it made a deep hole in the child's arm large enough to hold, they say, a pea; but I say, large enough to hold an ordinary-sized Barcelona nut.

"14,232. Had the skin covered it?—There was no skin at all; it was a large deep hole constantly running.

"14,233. You say its head swelled?—Yes, its head swelled, and it swelled all over its body; its feet in comparison were almost as large as mine.

"14,253. (Mr. Picton). Have you had anybody sent down to inquire as to the cause of death; did anybody come from London?—There were two gentlemen came, but I not know who they were; there were some gentlemen come to see it after it was dead, and they said they never saw such a sight in their lives; but I do not know who they were; I was in very great trouble, and should not want to ask many questions of strange people.

"14,256. (Dr. Collins). From what did he vaccinate your child?—He took the matter off a shilling, and vaccinated two other children from the same shilling, which two other children were nearly in as bad a case as mine; but they were people who did not seem to care so much about it. In a manner of speaking, some people would as lief get shut of their children as keep them.

"14,257. (Chairman). Did they live or die?—They are alive now, but I do not consider it was a proper thing for a medical man to take his glass out of his pocket and empty the matter on to a shilling, and then vaccinate my child, and then go and vaccinate other children from it.

"It is instructive to compare with this evidence that of the vaccinator by whom the operation was performed, Mr. A. W. Emms, who happened to be in London at the next sitting of the Commissioners, and who was examined, although he had not been forewarned to provide himself with documents relating to the particular case. He said:—(Questions 14,485 *et seq.*)

"14,485. Do you remember whether the child was healthy at the time of the vaccination?—As far as I am able to judge

it was a fairly healthy child; I should not call it a particularly strong child.

"14,486. It has been stated that after she had been vaccinated three days she began to be ill, and that 'about seven days after she began to swell in every joint that she had —her arms, knees, fingers, every joint in the child's body'? —It is untrue. Fortunately, prior to the child's death—that is to say, within two or three days—the woman took the child to the Infirmary; she was there seen by Dr. Neale, who is one of the physicians at the Infirmary, and the anti-vaccinators of Leicester reported in the public papers as to this child that Dr. Neale at the Infirmary had said that the child was suffering from blood-poisoning. He immediately contradicted that report, and Mr. Leavesley and Mr. Biggs, who brought this case here, both know perfected well that he contradicted it.

"14,487. It is stated by the mother that three places were made upon the child's arm, two of which did not take at all, and the one that did take went to a large black hole, large enough to drop a pea in?—It is absurd; the vaccination had nothing whatever to do with the child's death; that you may take my word for.

"14,489. Attention was called at the time to the case, so that the doctors who examined it there would have examined it in view of the fact that it was alleged to have suffered from vaccination?—That is so, and Dr. Neale absolutely denied in the public press that he ever said so.

"14,492. (Chairman). It is stated that you said when the child was under your care that 'it was 'water' on account of its eyes being swollen up so much'?—The whole of the statements which are made as coming from me are untrue. I never said anything of the sort, and when the woman came to my surgery for a certificate I said to her, 'I am very sorry that you without coming to see me should have made all these statements'; and the woman began crying.

"14,493. What statements do you refer to?—Those statements about the vaccination. There were several others. It seems that somebody had gone down to Leicester and had got these people to sign a statement; whether it was read over or not I cannot say, but she cried in my surgery, and said she was very sorry it was ever done.

"14,494. I must put it to you—she says that when she asked you what was the reason of the child's legs and fingers all coming into blisters, you simply laughed at her and said it was 'simply the goodness coming out of the child'?—You must take that for what it is worth.

"14,495. Is it the case?—It is absolutely untrue; I deny it most emphatically; I am not in the habit of amusing myself at my patients' expense in that way.

"14,498. Is the description which she gives of the child's head: that it 'was double the size that it ought to be, and after the child's death it was the colour of ink; there was not a joint or part about it which was not completely cracked open;' is that in accordance with your recollection?—Certainly not; it is a fictitious case altogether. I have not the slightest hesitation in saying so.

"14,499. The statement that she makes is that the arm 'showed a large black hole, it never became a pock mark at all; it made a deep hole in the child's arm large enough to hold, they say, a pea, but I say large enough to hold an ordinary-sized Barcelona nut.' What do you say to that?—I have never seen anything of the sort in my life, that is not my experience of vaccination.

"14,504. Then, in answer to the question 'From what did he vaccinate your child,' she said you took the matter off a shilling?—That is the only part that is correct. I have always, ever since I have been a public vaccinator, kept a shilling which, together with my own instruments, has always been rendered aseptic—that is to say, they have always been washed in a solution of carbolic acid prior to use; I have simply used that for convenience, it has never been used for any other purpose, and that you can verify if you like to wire to my assistant, who will tell you so.

"14,511. How did you use the shilling in the process of vaccination?—I am not quite positive, but I believe this was vaccine that I obtained from the National Vaccine Institution.

"14,512. In tubes?—Yes.

"14,513. Then you blew it out on to the shilling?—Yes.

"14,514. This shilling you keep for the purpose?—Yes, I keep the shilling for the purpose in some cotton wool in a drawer with some other instruments that are always washed immediately before I vaccinate, and immediately afterwards, the whole of the instruments, the shilling included.

"An example still more conclusive is that of the child of 'Mr. Anthony Jarrom,' who deposed that his son Edward was vaccinated in 1880 when six months old, and that six months later he had cancer in one of his eyes. The eye was removed, but the cancer recurred, and the child died at two years and five months old. The following questions were asked in the further course of the examination:—(14,358 *et seq.*)

"14,358. Mr. Hodges, I think, saw your child before the vaccination?—Yes.

"14,359. Did he lead you to believe at all that the cancer had any connection with the vaccination?—I do not say that he did, but I have the idea that it was that and nothing else.

"14,360. Did any medical man give you that opinion, or

at all strengthen you in that belief?—I had him under Mr. Meadows, one of his assistants, and when I named it to him he said he would not like to express an opinion.

"There were six months between the vaccination and the commencement of the cancer?—Yes, but his arm was bad a long time, and we could not get it to heal up at all, and when we had got it to heal it flew to his eye.

"14,362. Neither Mr. Hodges nor Mr. Bell Taylor thought there was any connection between the vaccination and the cancer?—If there were they did not tell me so.

"14,377. (Sir William Savory). You did not object to vaccination before this occurred?—No.

"14,378. But in consequence of this occurrence you have objected ever since?—Yes.

"14,379. Do you know whether the occurrence of this case influenced any of your friends?—Yes, several of them, I believe.

"14,380. (Mr. Meadows White). Have you attended any meetings and told this story to any other people?—Yes, I have.

"14,381. You have appeared upon what we may call platforms?—No, I have not.

"14,382. I thought you said you had spoken at meetings?—I have been in the Waterloo-hall, Mr. Biggs's hall, in Leicester.

"14,383. Are there meetings held there of anti-vaccinators?—Yes.

"14,384. And you and others have spoken to those experiences?—Yes, I have spoken to the facts and what I knew about them.

"14,385. And others have done so too?—Yes.

"In connection with this case it may be well to observe that the form of cancer described in the death certificate (*Glioma retinae*) is a very rare and almost invariably fatal disease, of which only an occasional instance is seen even at a great hospital, and hence that to attribute its occurrence to a practice so common as that of vaccination seems a typical example of unreasoning ignorance. It should be borne in mind that every instance of assumed death from any cause arising out of vaccination—every death so registered, that is—has for several years past been made the subject of careful inquiry by the officers of the Local Government Board, and that the only instances in which the certificate has been found to be justified have been a very few in which erysipelatous inflammation has followed the septic inoculation of the vaccination wound, usually on account of the culpable neglect of the parents. Moreover, the fatal erysipelas following vaccination has over and over again been shown to bear but a very small proportion to that which follows trivial injuries of

other kinds, such as burns, scratches, and the like. Many of the poorer witnesses from Leicester who were called before the Commission gave evidence, or what was called evidence, with regard to the effects of vaccination upon their own children; and they described, with great fluency of language, appearances which no one acquainted with the ordinary, or even with the extraordinary, course of the disorder can believe to have been produced. Arms, for instance, were said to have become 'perfectly black,' the meaning of which probably is, unless they were black with dirt, that they were red and swollen in the vicinity of the punctures; and similar 'evidence,' less of the facts than of the inaccuracy of the ignorant—an inaccuracy which always finds its outlet in exaggeration—is to be met with on almost every page. One of the difficulties with which they will have to deal is that the falsehoods have been more operative than the truth, and that the industrious dissemination of these falsehoods has excited a feeling in Leicester which it would be very difficult, and perhaps very impolitic, wholly to disregard. One member of the deputation from the town council was a medical practitioner, Mr. Henry Lankester, a justice of the peace and ex-mayor, who is himself in favour of vaccination, and who thinks that the safety of the townspeople would be greatly jeopardised, if small-pox were introduced, by the way in which the operation has been neglected. Nevertheless, he disapproves of compulsion, and thinks that, in Leicester at least, it could not now be enforced without producing an 'uprising of the town against it.' In other words, an educated and presumably judicious man, speaking from a position of responsibility, expresses his deliberate belief that the law has been so far suffered to fall into contempt and abeyance that it could not now be carried into effect. We should scarcely, perhaps, object to this conclusion if the inhabitants of Leicester could be confined within the limits of the borough, and if the consequences of their action were likely to fall only upon themselves. Unfortunately, this is not the case. For some years they have kept small-pox at bay by isolation and other sanitary precautions; but some day these may be expected to fail. In the meanwhile, the inhabitants, susceptible to small-pox and certain to suffer from it if exposed to infection, are free to wander wherever they please, and to render their fellow-countrymen unconscious participators in the risks which it is their own pleasure to incur. The Legislature will have to decide whether liberty has not become licence, when it is held to include the possession of complete freedom to injure other people. It is probable, however, that no Government will approach this thorny problem until compelled to do so by the completion of the work of the Commissioners. They are still

sitting; and, as the fresh instalment of their labours takes us only to the middle of 1891, it is probable that we may yet have long to wait for their conclusions.

BATH HOMŒOPATHIC HOSPITAL.

AN EXTENDED SPHERE OF USEFULNESS.

In the opening of the Nursing Institute in the Lansdown Grove and the establishment there of the new in-patient department of the Homœopathic Hospital, the managing committee of the hospital may certainly claim to have embarked upon an extended sphere of usefulness. The new premises have already been occupied some months, but it was not until yesterday that the subscribers had the pleasure of witnessing the formal opening. It should be explained that although practically under one roof the two institutions are quite separate in character; the Nursing Institute is a gift to the city by Miss Jennings, and though the Committee of the Homœopathic Hospital is the managing committee, the institution is not confined to homœopaths only, but open to all, homœopaths and allopaths alike; in fact, if desired, patients may be attended there by their own medical men. Lord Grimthorpe, who is paying one of his periodical visits to Bath, undertook the discharge of the interesting opening function, and the committee at the same time embraced the opportunity of holding the annual meeting. The proceedings opened at four o'clock in the presence of a large number of subscribers to the institution.

Lord Grimthorpe said they had met to celebrate—inaugurate was the grand word—the opening of that institution, and the first thing he had to do was to say on behalf of Miss Jennings that she had placed the institution at the disposal of the trustees to be used as a hospital and nursing home. The requisite deed had been executed, and, therefore, in point of fact the ceremony was rather a matter of form than of legal business. He had, therefore, much pleasure in declaring the institution open. Besides that he scarcely knew what to talk about, for a great deal that might have been said was anticipated last year at the Guildhall. He was not aware that there had been any important homœopathic events during the year; he had asked Dr. Wilde, but he did not appear to know of any except that they had cured a great number of people. (Laughter.) He did not know that there could be any more important event than that. Dealing with the merits of homœopathy, he remarked that according to the published statements there were no fewer than 12,000 homœopathic practitioners in the United States, and no less than 76 homœopathic hospitals,

one of which had as many as 1,800 beds. Such a thing was quite unknown in England, either in homœopathy or allopathy, though it was an example that this country might not be ashamed to follow. At their new institute in Bath they did not aim at quite 1,800 beds, but they aimed at rather more than 18, and all other things would gradually come, no doubt. (Laughter.) If the time came when they required another Miss Jennings he hoped another Miss Jennings would arise. (Laughter.) During the last few weeks a gentleman had died who might be considered the father of homœopathy in England—he referred to the late Lord Ebury. When he met Lord Ebury in the House of Lords, not so long before his death, he told him he was 92, and he certainly did not then look as though he had damaged his health by following homœopathic treatment. (Laughter.) Referring to Bath and the advantages likely to accrue from an institution of the kind now established, he remarked that he had visited the city nearly every year for about 20 years, and there was one thing he had been struck with particularly. During the early three-quarters of that period Bath was rising again, and he used to think that the city only wanted another Beau Nash to re-establish its position. He was sorry to say, however, that during the last three or four years that state of things had been reversed, and on no occasion during his 20 years' visits to the city had he noticed so many apartments and lodgings to let as now. It was not for him to imagine the cause, unless that it was one very obvious one—everybody was poor. Large civic expenditure he had heard had been indulged in ; the baths had been, he would not say improved, but certainly increased, and all this tended to increase the rates. He hoped the prosperity of the city would soon return ; the time had certainly come when Bath ought to look about itself and encourage every kind of institution calculated to do it good. It appeared to him that the establishment and successful carrying on of an institute such as the one in which they were met would be extremely likely to prove beneficial to the city. (Applause.)

Sir Edward Russell made a statement regarding the institution and its accommodation. He explained that Lansdown Grove House contained five private and semi-private wards, capable of providing for eight paying patients. This would be used as a nursing home in connection with the hospital, and for the residence of nurses of the nursing institution, who would continue to nurse private patients at their homes as formerly. The hospital side of the building would accommodate 15 poor patients, and contain six extra rooms, which would be used for the matron, two nurses and servants. This would be utilised as the in-patients' department of the

Homœopathic Hospital. The medical officers would attend as formerly at Duke Street to see out-patients and examine patients desirous of admission to the wards of the hospital. An emergency ward had also been retained at Duke Street to which patients might be admitted in cases of accident or emergency, or they might be taken to the in-patient department at Lansdown Grove, whichever happened to be nearest.

A prayer was then offered by the Rev. T. Tyers, and the opening ceremony concluded.

The business of the annual meeting was afterwards proceeded with. Mr. Pigott read the annual report, which stated:—

"The committee have to lament the loss by death of some of the supporters of the hospital, notably of Mr. Anthony Hammond, who was for some time president and always an active and generous supporter of the Institution. The in-patient department was closed as usual at the end of July and was not re-opened in Duke Street. In October it was removed to Lansdown Grove House, the lower floors of the old premises in Duke Street being still retained for the out-patient department, emergency ward and other purposes. The Ice Carnival bazaar, held in April last, added materially to the resources of the hospital for the year and enabled the committee to pay off the heavy deficit of 1892. A legacy of £200 from the late Miss Barrow was also a seasonable assistance, £100 has been expended and £100 placed as fixed deposit with the hospital bankers. Hospital Saturday yielded a welcome sum of £75, which was less than last year, owing in great part to the bad weather which affected the collections for all the hospitals. Without the above additions to their nominal income the committee would have found it difficult to make both ends meet. The Ladies' Work Society again calls for the warmest acknowledgments of the committee. The sum appearing in the accounts as realised by their exertions is only a part of what was actually contributed, a large portion being merged in the Ice Carnival Bazaar account. The committee tender their grateful thanks to Mr. L. B. Eskell, their hon. dentist, for another year's generous gratuitous services to the nursing staff and poor patients. The committee receive with regret the resignation by Mr. C. W. Dymond, of the post of hon. sec., which he has so ably performed for the last nine years. Mr. Pigott has agreed to take up the work for the present in addition to the duties of hon. treasurer. As considerable inconvenience had at times been experienced owing to the size of the general committee, it has been resolved that for the future there shall be an executive committee to consist of the President, Miss

Jennings, the medical officers, and secretary and treasurer, who will meet monthly or oftener, with a larger consultation committee to meet every three months. It is confidently hoped that fees paid by private patients may help the committee to extend the power of the hospital to assist the poor. Miss Jennings, Major-General Jarvis and the Rev. T. Tyers have been invited to join the committee in the place of Messrs. Kendall, Silcock and H. Hibbard, who have resigned.

The statement of accounts, also read by the hon. sec., showed that the total income was £1,311, and after meeting the expenditure there was a deficit of £59 8s. 11d. There were also £40 in bills not yet paid.

On the motion of Mr. W. W. Phillips, seconded by Mr. Capper, the report and accounts were adopted.

Dr. Percy Wilde presented his medical report, which stated that during the past year 1,208 patients had been entered on the books of the hospital for the first time. 94 patients were treated in the wards, 80 of these being hospital patients, and 14 paying patients; the admission of the latter only commenced at the close of the year. The attendance at the out-patient department was 6,532, the visits to patients at their own homes amounting to 1,667. No less than 1,842 shillings were received from out-patients, in lieu of subscribers' notes, this being the largest amount received since the hospital was founded. (Applause.) The number of private cases attended by the Nursing Institution was 80, while the nurses had also performed temporary nursing duties by attending poor people at their own homes on 212 occasions. This was a voluntary act on the part of the nurses for which no regular provision was made. (Applause.) The attendances at the Dental department numbered 239. These figures, he pointed out, showed a larger amount of work done and relief given than could be expected of an institution having an annual subscription list amounting only to £127 per annum. Applications for admission to the wards had been received from very distant parts of the country, the majority being sufferers from rheumatism and allied disorders. With such small funds, however, it was impossible for the committee to extend very largely the relief to the poor at a distance, though as such disorders were not peculiar to the poor they had tried to find a partial solution of the difficulty by making the payments made for treatment by the richer patients help to pay for that of the poorer sufferers. There were no private wards at Duke Street, but patients who were not eligible for admission to the hospital had been glad to attend each day and receive the same treatment in the wards as applied to hospital patients, and then return to their hotel or lodgings. The payments made by those utilising

the hospital in the manner described had been a great help to their slender resources. The fact in itself showed the pressing need of a nursing home in connection with the hospital, and the generous gift recently made would enable both the medical and nursing staff to meet more efficiently the needs of patients of all classes. (Applause). He trusted that the charitable public would enable them to utilise to the full the accommodation provided for the necessitous poor. (Applause).

Thanks were then accorded to the officers, the committee, the medical and nursing staff, and the Ladies' Work Society, and the vacancies on the committee were filled up.

The Rev. C. C. Layard moved the following appointments and re-appointments for the present year: Major-Genl. Sir Edward Russell, president; Mr. W. Pigott, hon. secretary and treasurer; Dr. Percy Wilde, hon. medical officer; Dr. Samuel Morgan, hon. consulting physician; Mr. L. B. Eskell, hon. dentist; and the Rev. T. Tyers, hon. chaplain.

Mr. George Cox seconded, and paid a fitting tribute to Dr. Percy Wilde for his indefatigable exertions in promoting the success of the hospital.

The motion was carried with acclamation.

A vote of thanks was then passed to Lord Grimthorpe, and the meeting terminated.—*Bath Herald*, Feb. 15.

THE EXETER HOMŒOPATHIC DISPENSARY.

The forty-fourth annual report of the Committee of this institution states the number of cases admitted during the year to be 606.

The following fact recorded in the report shows the desire of the poor—of those who form their opinion of the value of homœopathy from what they see of the results of homœopathic treatment in the persons of their neighbours—to secure the advantages presented by a homœopathic dispensary:—

"The Committee of the Hospital Saturday Fund having sent a subscription of £10 10s. were entitled to receive one hundred Patients' Tickets. Towards the end of the year, however, in many of the districts these tickets had run out. At the Michaelmas Quarterly Meeting the matter was brought before the notice of your Committee, and it was resolved that the Honorary Secretary should write to the Secretary of the Fund, informing him that on a letter being received from him or from one of the District Chairmen by your Medical Officer, a free ticket would be given to any suitable case. This was done, the result being that between 50 and 60

tickets have been applied for and the applicants treated. In knowledge of these facts the Dispensers of the Saturday Fund have been kind enough to increase their grant to twenty guineas, for which your Committee tender their best thanks."

The results of treatment are given in the following table:—

Under treatment...	69
Cured	464
Relieved	42
No report...	12
Not improved	17
Sent to hospital	2
	606

"During the past six months a few cases of scarlet fever and influenza have been treated, all the cases recovered without complications."

The physician is Dr. Woodgates of Exeter.

THE DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

The annual meeting of the subscribers to this institution was held in Plymouth, on the 6th ult., the Mayor (Mr. W. Law) presiding.

The report drew attention to the alterations, extensions and improvements which had taken place in the buildings of the hospital during the year, and to which we drew attention in our November number when describing the meeting at which they were inaugurated.

Dr. Alexander read the medical report, which stated that both the in-patient and out-patient departments showed an increase in the number treated. On December 31st, 1892, there remained under treatment 110. Admissions and re-admissions during 1893, were 4,256, making a total of 4,366, and of this number, 3,346 were cured or relieved, 606 results not yet ascertained, 224 not relieved, 55 died, and 135 remained under treatment. Of the total, 364 were cases of accident or sudden emergency, demanding prompt attention, and even on that ground alone the dispensary might fairly claim a share of the public support accorded to the medical charities of the town. The 12,388 attendances of out-patients at the dispensary registered during the year exceeded by more than 2,000 the attendances of the previous year.

The Mayor moved the adoption of the reports, and congratulated the institution on the position it now held. It was very satisfactory that only £225 remained to be raised to free the premises from debt, and he should have much pleasure in giving £25 if the balance of £200 was subscribed

by the end of the year. (Applause.) The Homœopathic Hospital had a claim upon the sympathy of the public because it was competing for existence. One thing which augured well for its future prosperity was the growing feeling of friendliness between the two schools of medicine. Allopaths no longer regarded homœopathy with hostility. (Hear, hear.) He congratulated them on the acquisition of more commodious buildings. Few towns could boast of more benevolent institutions than could Plymouth, and among them the Homœopathic Hospital was doing a praiseworthy work in relieving the sufferings of the poor. They might well appeal for larger support from the working men, for it was for the benefit of the working classes that it existed. If only a portion of the thousands of pounds a year which working men spent in drink, or even if the sums they annually paid in fines inflicted by the magistrates for drunkenness could be distributed among philanthropic and charitable institutions, it would do immense good. (Applause.)

The resolution was seconded by Mr. Langdon Price, and carried unanimously. Resolutions altering some of the rules and of thanks to the Medical Staff and Committee having been proposed, seconded and carried, the Rev. Dr. Chapman moved a resolution expressing satisfaction at the success of the committee in considering the Lockyer Street premises so suitable for the purposes of the hospital and dispensary, thanking the subscribers to the purchase and improvement fund, earnestly calling the attention of the benevolent public to the importance of discharging the liabilities yet remaining, and expressing the hope that the increased facilities for usefulness now afforded by the more convenient and commodious buildings might elicit a generous support to the ordinary funds, so that the larger necessary expenditure might be fully provided for. In its present state the hospital was a model on a small scale. It was fitted with every appliance that ingenuity and the means at their disposal could secure, and with every requisite for the health and comfort of the patients and staff. Both the patients and nurses appreciated the great benefit which resulted from the improved accommodation. Their thanks were due to the friends who had subscribed, some of them most handsomely, towards the building and renovation fund. The fitting up of the private wards was the act of one generous friend. All the money given by the public was devoted to providing for the wants of the suffering poor, and those who could afford to pay for a private ward did not receive the value of a single penny of the money provided by the public. (Applause.)

The resolution was seconded by the Rev. S. Vincent, supported by the Rev. J. T. Maxwell, and carried. The

meeting was brought to a close by Dr. Cash Reed moving a vote of thanks to the Mayor, and referring to the proposed increase of the nursing staff, said they had experienced the greatest courtesy from the South Devon and East Cornwall Hospital and the Nurses' Home, on which in times of pressure they had been dependent for nurses. But they felt it of the utmost importance to have an adequate staff of nurses accustomed to their methods of treatment, who could also nurse patients in their homes. In formulating their rules he hoped they would bear in mind the duty they owed to those who were carrying on this most beneficent work in the various branches of the institution. (Applause.)

Professor Macey seconded, and the vote was unanimously accorded.

THE LEEDS HOMŒOPATHIC DISPENSARY.

The first annual meeting of the subscribers to this institution since its revival last July, was held on the 14th ult. Mr. Tottie (the President) in the chair.

In opening the proceedings, the chairman alluded to the work of this institution about thirty-five years ago, and expressed his high appreciation of the energy which Dr. Ramsbotham and Dr. Stacey had shown in trying to get it put on its legs again. If it had not been for these gentlemen it would still have been lying dormant.

The financial statement showed a balance in hand of £79 2s. 7d. The following extracts from the report read by the chairman are interesting :—

In presenting their first report, the committee have to express their gratification that the opening of the dispensary has already been justified by its success and proved usefulness. Since it was opened in July last there has been a steady weekly increase in the number of cases treated, the patients up to December 31st numbering 187, with a total of 782 attendances. In addition, the honorary medical officers have paid 67 home visits to patients whose state of health prevented their attendance at the dispensary. A feature that deserves mention is that nearly a fourth of the patients have paid the small fee required from those who come without subscribers' recommendations. Many of these came at first provided with subscribers' tickets, and on their expiry voluntarily paid fees to continue for a longer term under treatment. Others were patients' friends, who, having seen the good results of the treatment they received, paid the fee to secure like benefit for themselves. Such a result of the first six months' working of an untried and comparatively unknown institution, the committee believe, will be considered

satisfactory by the subscribers, and the best thanks of all interested in the dispensary are due to the honorary medical officers, whose skill and attention have mainly contributed to the success here recorded. But the needs of the institution are not to be measured by the degree of success already attained, for the committee feel that the dispensary cannot be considered in full working order until it is open daily, and permanent arrangements are made for visiting patients at their homes. Such arrangements can only be carried out through the agency of a resident medical officer, an officer whom the committee are anxious to secure, but whose appointment would entail an expenditure greater than would be justified by the income at present at their disposal. They therefore urgently appeal for increased funds to enable them thus to extend the usefulness of the institution, and to bring the benefits of homœopathic treatment within reach of a greater number of the poorer members of the community.

The chairman, after reading the report, said he hoped they might see their way to get a resident medical officer, for then patients could be attended at their own homes as well as at the dispensary, and a much larger number could be dealt with than at present, in consequence of the limited time which could be given to the work by the honorary medical officers. The governing body had already passed a resolution authorising the honorary medical officers to appoint a resident medical officer at a salary of £100 a year, with rooms, coal and gas free, and he would like the meeting to sanction what the governing body had proposed.

On the motion of Mr. Miller the resolution to appoint a resident medical officer was confirmed. With votes of thanks to the medical officers and the chairman the meeting concluded.

AMERICAN NOTES.

The homœopathic physicians of New York have recently organised another medical society, the Academy of Pathological Science—the object of which is the study of all pathological conditions, not only as these appear in post-mortem specimens, but as they present themselves during life. The idea seems to be to combine in one society the work of the London Pathological and the Clinical Societies. The first meeting was held last October. The President is Dr. J. W. Dowling.

* * * * *

In Lowell, a large manufacturing city in Massachusetts, a hospital has lately been opened, where some of the attending physicians and surgeons are non-homœopathic, and six of them are homœopathic. On entering the hospital the patients

select which method of treatment they wish to receive, and are placed in charge of the physician representing their choice. Each member of the staff is on duty for two months. This institution has been founded chiefly through the generosity of J. K. Fellows, Esq.

* * * * *

Remembering the fuss which has been made, and the nonsense which has been written, about the British Homœopathic Congress adhering to its rule of restricting membership to registered practitioners, it is rather refreshing to find that a precisely similar rule obtains among our kinsmen over the water. We are informed by the *North American Journal of Homœopathy* that at their meeting in January, held at Rochester, N.Y., the Monroe County Homœopathic Medical Society agreed to the following rule:—"Any physician desiring membership must be of good moral and professional standing, a believer in *similia similibus curentur*, and legally licensed to practise medicine in this State." This is a very wholesome rule, and what is good for the American is equally healthy to the Britisher!

* * * * *

It would seem that, Mr. Ernest Hart's efforts to the contrary notwithstanding, there is a movement in the American Medical Association for what is termed "a revision of the code"; this, when translated into plain English, means a withdrawal of the obligation that the code places upon the non-homœopath to refuse all professional courtesy to the homœopath. The Philadelphia *Medical News*, a journal as rabid against homœopathy as the *Lancet* was in the days of "the notorious coroner for Middlesex," announces that it is "definitely against revision of the code." Commenting upon this, the *New York Medical Times* says:—"Medical codes are claimed to be elaborations of the 'golden rule,' as if that 'rule,' in all its simplicity, were not sufficient for the guidance of men in the various walks of life, and equal to all emergencies and complications. We would suggest that the codists try for a while living up to the simple, unelaborated 'golden rule,' and see where they will come out."

* * * * *

The *New York Medical Times* communicates the following account of a rash, but, happily, successful experiment, one which, if genuine, is calculated to have important results:—"Dr. Wm. Moore, of this city, claims to have found in permanganate of potash an antidote for morphine, proving his belief by swallowing three grains of the morphine, and then four grains of the permanganate of potash without deleterious effect. The experiment was performed before the

West Side German Clinic. Dr. Moore had previously experimented upon rabbits and other animals, and then upon himself. He was so sure of the efficacy of the antidote that he would not fear to swallow ten grains of sulphate of morphine, to be immediately followed by 11 or 12 grains of the permanganate of potash. He admitted that when administered alone permanganate of potash was deoxodised by the gastric juices, but positively asserted that when morphine was previously given, promptly followed by a larger quantity of the potash, the latter would select the soluble salt of the morphine, oxidise it and render it harmless before it could enter the system. The board had deemed the experiment to be dangerous, and protested against it, but Dr. Moore persisted, and, as the apothecary was instructed not to dispense the morphine, the experimenter had weighed it out himself. Dr. Collzer, of No. 109, East Fifty-fourth Street, thought it would have been better to have made the trial on a dog, as in some conditions of the stomach the antidote might fail to neutralize the morphine. He regarded the discovery as important in cases of accidental or suicidal poisoning, permanganate of potash being a drug in common use for various medicinal purposes, and easily and quickly obtainable. Dr. Moore is preparing a report on his experiments and their result." Referring to this experiment, the *Chemist and Druggist* of the 17th ult. says, " His discovery is claimed to have been anticipated by Mr. Barker Smith, L.R.C.P., for whom, as far back as 1877, we published in the *Chemist and Druggist* a note on the action of permanganate of potash on alkaloids."

* * * * *

Our exchanges announce the death of three American physicians who have for many years done excellent service in the development of homœopathy.

Of these Dr. Alonzo Spafford Ball was the senior physician in New York. He was born February 11th, 1800. He became a convert to homœopathy while practising in New York in 1838; he was one of the original members and founders of the American Institute of Homœopathy and its treasurer in 1854. He retired from practice some years since, and died at Saratoga in December last, within six weeks of his ninety-fourth birthday.

Dr. David Thayer, one of the oldest homœopathic physicians of Boston, Mass., died there recently. Born in 1813 he entered the medical profession in 1838, commencing practice in Boston in 1844. He joined the American Institute in 1847 and was elected president of it in 1870. While Boston

constituted the headquarters of the Slavery Abolition party, so Thayer was one of the most active of its abolitionists, and his house was ever open as an asylum for fugitive slaves. Many years ago he was, for a time, a member of the Massachusetts State Legislature, to which he was elected as a representative of the "Know-Nothing Party," a political sect whose business it was to know nothing beyond what concerned the interests of the people of the United States. He firmly believed in the vast superiority of the United States to the rest of creation, to that of Boston over every other city in the Union. "When," said he, on one occasion, "the goddess of liberty left the heaven-kissing hills of Ilium and sailed across the azure main she landed in Boston." The Faneuil Hall in the city he regarded as the "cradle" of the goddess, and the portraits on its walls of the political luminaries of the States as those of her "babies." He was a kind-hearted, genial man, a popular physician and typical American.

In Dr. Holcombe, of New Orleans, who died last December at the age of 68, homœopathy in America has lost the services of one of its most accomplished, active, and devoted representatives. During successive epidemics of yellow-fever Dr. Holcombe displayed an amount of energy in contending with the pestilence that it is difficult, if not impossible, to describe. His success in dealing with it was remarkable, and his position in the south as an authority upon the nature of the disease was of the highest. His literary tastes were considerable, apart from his clinical essays. Through every paper and address there breathes the gentle, loving spirit of the poet. One of the most touching and beautiful was his address entitled "The Un-named Dead," delivered at the Memorial Services at the last International Homœopathic Medical Congress, which we published in the *Review* for February, 1892. Dr. Holcombe had, for several years, retired from practice to a very large extent, devoting himself to literary work. He was also one of the pillars of the Swedenborgian body in the United States.

VACCINATION.

In its American correspondence, the *British Medical Journal* of the 16th ult. gives the following illustration of the real value of vaccination as prophylactic to small-pox:—

"The appearance of some cases of small-pox in Boston, after a complete absence for some years (with the exception of two or three isolated cases), is a matter of some interest, especially as the greater number of the cases were brought in an English steamship. The system of compulsory vaccination which prevails prevents any child from attending the

public schools until vaccinated, and the immediate isolation of all cases is rigidly carried out. The small-pox hospital is some miles in the country, and cases are sent there at once. The hospital is unoccupied for the most part, many months passing without the presence of a single patient. This almost complete control over small-pox, Americans are inclined to attribute to the system above spoken of, by which vaccination is made compulsory."

SMALL POX AND VACCINATION AT LEICESTER.

From this centre of antagonism to the only real prevention of that terrible disease small-pox, some striking statistics were recently given at a meeting of the Town Council by the chairman of the sanitary committee of the value of vaccination. These are as follows:—There have been 281 cases of small-pox treated in the hospital during the past year, and of these 126 were unvaccinated, of whom 18 died, whilst 155 who had been vaccinated in infancy, but not revaccinated, one and all recovered. Of the unvaccinated 83 were children under 10 years of age, 9 of whom died. The chairman stated that there had been no case of a vaccinated child under 10 years of age treated for small-pox. Facts will continue to assert themselves, however much some people may rave about the horrors of Jenner's great discovery.

HOMŒOPATHY IN THE UNITED STATES.

A return published by one of the medical journals of New York states that there are at the present time 12,000 homœopathic practitioners in the United States, 22 special homœopathic newspapers, and 76 homœopathic hospitals, one of which, that at Middletown, has 1,800 beds.—*The Times*, February 12th.

HOMŒOPATHY IN SYDNEY.

Homœopathy is well represented in Sydney by medical men, and the desire for an extended utilisation of its well proved advantages enthusiastically supported by a considerable and ever increasing number of the better educated and more thoughtful of its citizens. Towards the end of last year suggestions that the practice of homœopathy should be introduced into the Sydney Hospital side by side with that of the old-school were made in the *Sydney Morning Herald*, the largest and most important newspaper in the Colony. To balance these Mr. Ernest Hart's diatribe delivered in Washington—on which we commented in our December number—was printed *in extenso*. In the *Herald* of the 6th of January, Dr. Maffey, formerly of Wakefield, who emigrated to Melbourne

some years ago and subsequently settled in Sydney, discusses the suggestions and traverses Mr. Hart's assertions in a very spirited letter.

He argues that the devotion of a ward in the Sydney Hospital to the practice of homœopathy, if the public desire it, must be treated "as a right and not as a concession," and urges that "laymen who have profited in their own pockets and persons by our treatment, as thousands in Sydney have done, should demand that what is provided for the sick poor shall be distributed with even-handed justice—that no person, because forced to call upon charity for help shall at the same time be compelled to take it in a form that, if able to pay for it, he or she would not accept. This is no novel idea—it has been attempted before; and when led by so able an advocate as the Hon. Mr. Justice Windeyer it failed, and it will do so again unless those who benefit by Hahnemann's glorious legacy have the courage of their opinions and insist that, for those who prefer to be treated according to the law of similars, the means shall be within their reach."

He then goes on to show that the practical, clinical illustration of the advantages of homœopathy can be made with much less friction in a separate institution properly arranged than in the Sydney Hospital dominated by the self-styled "orthodox." As one way in which this might be done, he proposes that advantage should be taken of a dispute, culminating in the resignation of the whole medical staff, which had recently occurred between the committee and medical officers of a charity known as The Benevolent Asylum. On this he writes:—

"Let the committee in its re-arrangements give at least one qualified homœopath a post on the staff. If the other members of the staff will not then act with us, we will undertake the entire work, and there is nothing which personally would more delight me, as the charge of the sick poor has always been one of my greatest pleasures. Surely any one of us could take charge of the midwifery department. If, unfortunately, septic poisoning should again occur in the wards, small as the losses from the recent outbreak of puerperal fever appear, I have no hesitation in asserting that under scientific homœopathic treatment the loss and cost would be less. Give us the opportunity, with all eyes upon us, of demonstrating what homœopathy can do. There need be no fear for the result. The contrasted reports you recently published of the two Melbourne hospitals showed absolutely conclusively the gain both in time and greater number of recoveries, together with the lessened cost of the work of the Homœopathic over the Alfred Hospital—two institutions which are very fairly comparable."

Recognising, however, the advantages of a special hospital for the treatment of disease homœopathically, he makes the following appeal:—

"Let those who have in the past gained in health, comfort and pocket by our practice, give us the means to efficiently work a properly equipped medical charity on our lines—there are those whom I could name who can and ought to do this—then let the Government give us, as it does our opponents, pound for pound so raised, and Sydney within a measurable distance, in time ought to have as good a homœopathic hospital as Melbourne, and that is saying something, for that of Melbourne is as perfect a little hospital as is to be found in the Southern hemisphere."

Dr. Maffey's reply in the later part of his letter is excellent. We earnestly hope that the Sydney people will respond to his appeal to build a homœopathic hospital, one equal in importance and usefulness to that which flourishes so thoroughly in the rival city of the Southern hemisphere, the city of Melbourne.

LONDON HOMŒOPATHIC HOSPITAL.

Dr. Edwin A. Neatby has been appointed Assistant-Physician for Diseases of Women to the London Homœopathic Hospital and has resigned his post of Assistant-Physician for General Diseases.

OBITUARY.

HENRY THOMAS, M.D.

It is with much regret that we announce the death, on the 6th ult., of Dr. Thomas, of Llandudno.

Henry Thomas was a son of Mr. Edward Thomas, of Chester, where he was born in 1832. At the conclusion of a good general education, he commenced the study of medicine as a pupil of the late Dr. Norton, of Chester, in 1849. In 1852 he went to Philadelphia and entered as a student of the Homœopathic Medical College. There he went through the three years curriculum, qualifying him for examination for the degree of M.D. This he successfully passed in 1855. Shortly after his return to England he became the assistant of the late Dr. Pearce, of Northampton, with whom he remained for a year, when he established himself in practice in his native city.

In 1859 the Medical Act came into force, and registration under its terms became essential in order to constitute him a legally qualified practitioner. According to Clause 11 of Schedule A of this Act his claim to registration appeared to be clear. This clause enacts as admissible to registration a "Doctor of medicine of any foreign or colonial university or college, practising as a physician in the United Kingdom upon the 1st day of October, 1858, who shall produce certificates, to the satisfaction of the Council, of his having taken the degree of Doctor of Medicine after regular examination, or who shall satisfy the Council under Section 45 (46) of the Act that there is sufficient reason for admitting him to be registered."

Accordingly, on the 29th of December, 1858, Dr. Thomas complied with the provisions of the Act by sending to the Registrar (Dr. Hawkins) the evidence required by the 11th section of Schedule A, and a few days later a letter to the Registrar requesting to know whether he had been registered. To this, some time afterwards, he received a reply, in the form of a circular, stating that "on receipt of £2 in cash, or by post-office order or draft on a London banker, payable to Francis Hawkins, M.D., your name shall be duly entered on the register, according to the qualifications stated in Schedule A." On doing so, he received a letter requesting proof that the diploma was obtained by examination. This Dr. Thomas complied with at once by sending, in addition to the diploma and his tickets of attendance on lectures, all of which had been for several months in the possession of the Registrar, the following certificate:—

"This may certify,

"That during the month of February, 1855, Mr. Henry Thomas, of Chester, England, was examined for the degree of M.D. by the several Professors of the Homœopathic Medical College of Pennsylvania, and that the said examinations continued (were) for the space of five consecutive days. Also that these examinations were satisfactory to the examiners, and Mr. Thomas was approved as worthy of the degree of the College.

"In testimony of which we, the President and Secretary of the College, subscribe our names, and attach the seal of the Corporation.

"Done this 27th day of August, 1858.

SEAL

"A. N. Parsons, President.
"Wm. A. Reed, Secretary.'

Further delay was excused by the statement that "no reply has yet been received by the Registrar to his enquiries from the Homœopathic Medical College of Pennsylvania, although three months have elapsed since they were made, and until a reply has been received the Council can come to no decision on the matter." There appears to have been some mistake here, for on the 24th September, 1859, Dr. Thomas was in a position to address the Registrar:—"I have this day received a letter from America, stating that an answer to your letter to the Homœopathic College of Medicine, Pennsylvania, was duly sent to you through Mr. Hunter, the Secretary at Washington, in evidence of which copy of letter from Mr. Hunter, private secretary to General Cass, is sent to me." After this the Registrar pleaded for further delay on the ground that "the letter received from the Homœopathic College of Pennsylvania gave no satisfactory account of your examination." In answer to another letter claiming registration, on the ground that he had fully complied with the provisions of Section 11 of Schedule A, the amount of the registration fee was returned with a note, stating that "the Branch Council of England, at their meeting on October 19th, resolved that no sufficient reason had been shown for ordering your registration as Doctor of Medicine of the Homœopathic College of Pennsylvania." Further correspondence ensued, which, however, resulted only in further quibbling on the part of the Registrar.

These evasions and excuses for delaying registration on the part of Dr. Hawkins becoming monotonous, Dr. Thomas took counsel's opinion on the question of the Council's right to refuse the registration of his degree. The following opinion was given by Mr. (afterwards Mr. Justice) Lush:—

"*In re* Dr. Thomas.

"1 and 2. I have no doubt that the Medical Act was not intended to vest in the Council a discretion which they might capriciously exercise to the exclusion of any practitioner who is really entitled to be on the register; nor, indeed, any 'discretion' at all in the popular sense of the term. If the documents produced are such as ought to satisfy any reasonable mind, the Council are bound to hold them to be satisfactory. The question will ultimately be for a jury to say whether, as reasonable men, they were not satisfied with the evidence produced, notwithstanding what they stated to the contrary, and, I think, a jury would not hesitate to find in favour of Dr. Thomas.

"3. I advise him to serve a written demand on each member of the Branch Council for England and on the Registrar to be forthwith placed on the register, and stating that if this

demand be not complied with, or a satisfactory reason for non-compliance be not given within a specified period (which should be long enough to give them a fair opportunity of meeting and considering the matter), such proceedings would be taken against them individually or collectively, or both, as Dr. Thomas should be advised.

"That £2 should be again tendered to the Registrar.

"If they still refuse I advise an application for a mandamus.

"ROBERT LUSH.

"Temple,

"9th January, 1860."

A fortnight later Dr. Thomas addressed the following letter to the Registrar, and to each member of the Branch Council for England :—

"Sir,—I hereby give you notice that I am a doctor of medicine by diploma, dated the 1st day of March, 1855, of a foreign college, to wit, the Homœopathic Medical College of Pennsylvania in the United States of North America. That I have been practising as a physician in the United Kingdom of Great Britain and Ireland, to wit, at Chester, before the 1st day of October, 1858, to wit, from the year 1856 hitherto. That I have produced or forwarded by post to the Registrar of the Branch Council for England my diploma as doctor of medicine, and other documents and evidence of the qualification in respect of which I claim to be registered as hereinafter stated. That I have produced to the Council certificates of my having taken my degree of doctor of medicine after regular examination, and have in all respects complied with, and am ready and willing to comply with the provisions contained in the Medical Act 21 and 22 Vict. cap. 90. I now, therefore, claim to be registered under said Medical Act; and I demand that my name be placed upon the Medical Register. And I hereby further give you notice that if this, my demand, be not complied with, or a satisfactory reason be given for the non-compliance therewith, within 14 days, such proceedings will be taken, either by mandamus or otherwise against you, the members of the Branch Council for England, either individually or collectively, or both individually and collectively, as I may be advised.

"(Signed) HENRY THOMAS.

"Dated this 27th day of January, 1860."

This letter was laid before a meeting of the General Medical Council on the 21st June, 1860, when it was moved by Mr. Syme, and seconded by Dr. Alexander Wood, "That the

name of Henry Thomas be registered in strict compliance with the Medical Act." Dr. Corrigan and Dr. Apjohn—both of Dublin—moved as an amendment, "That the name of Henry Thomas be not registered." The consideration of the subject was adjourned until the following day, when Mr. Syme was allowed to withdraw his motion and substitute for it, "That the opinion of the Attorney-General be taken on the claim of Henry Thomas to register his degree obtained from the Homœopathic College of Pennsylvania." Dr. Corrigan persisted with his amendment, which was negatived.

To the Attorney-General (Sir R. Bethell, afterwards Lord Chancellor Westbury) Dr. Thomas's claim was submitted. His opinion we have not been able to find a record of. But we believe that it was to the effect that the Homœopathic Medical College of Pennsylvania was not a college "within the meaning of the Act."

With the possibility of a decision being in this way purely technical, one depending upon legal casuistry, enforced with forensic ingenuity, and pursued by men abounding in prejudices against homœopathy, and with public money to enable them to give full rein to their prejudices, Dr. Thomas perhaps acted wisely in accepting the view of his solicitors, "that the Medical Council, by traversing the case from court to court, could ruin me in pocket before a final decision could be arrived at."

He, therefore, declined any further proceeding, feeling fully assured that in the event of his being prosecuted on pretence of an infringement of the Medical Act, the endeavours he had made to comply with its provisions would ensure the failure of any such prosecution. His subsequent career fully justified such a conclusion. Not only was no attempt ever made to interfere with his professional work, but medical men, both homœopathic and non-homœopathic, were among his warmest personal and professional friends. The professional position the narrow-minded administrators of the Medical Act denied to him, his private character, professional ability, and cultured tastes secured for him. "There was no man," writes his old friend, Dr. Procter, "who was more widely known and respected throughout North Wales than Thomas. He was offered both municipal and Parliamentary distinction, but uniformly declined both. His nature was a retiring one. He was a successful practitioner, his work being characterised by great shrewdness in diagnosis and a firm attachment to homœopathy. As a naturalist, he knew nearly everything that had life, the fauna and flora of his beloved Wales he knew right well. A walk with him in summer time through the woods and lanes was a treat; he could discourse on

almost everything that grew." In addition to medicine and natural history he possessed a well-cultivated taste for the fine arts, which found expression in the valuable collection of pictures, china, carvings, and antique furniture he had gathered around him.

Dr. Hawkes, of Liverpool, the President of our last Congress, writes to us desiring to place on record his obligation to Dr. Thomas. In doing so he says:—"After having had my attention drawn to homœopathy, I spent a long vacation under Dr. Thomas's roof at Chester, and now, after the lapse of nearly a quarter of a century, I am at a loss to decide in which direction his help was the more valuable; for he not only taught me the use of homœopathic remedies, but he also aroused in me a taste for the beautiful in art. It is not given to every student of Materia Medica to be drinking tea from a service of old Crown Derby, with a Copley Fielding or a David Cox as his *vis-a-vis*. I shall always cherish the memory of one whose kindness as a teacher and host I have so much reason to remember."

He conducted a large and successful practice in his native city until 1872, when he succeeded the late Dr. Norton, as the resident physician of the Hydropathic Establishment at Llandudno. Here he was eminently popular, both with the visitors to the establishment and the residents in the town, in the prosperity of which he took an active interest, particularly in the musical entertainments which were provided from time to time. He was not only on the board of the Hydropathic Establishment Company, but also on that of the Pier and Pavilion Company of Llandudno.

His contributions to medical literature were comparatively few, but were all eminently practical, and related almost exclusively to clinical illustrations of the action of various medicines in some of the forms of disease to which they are homœopathic.

Dr. Thomas's health had been comparatively feeble for several years. Three years ago he had an attack of apoplexy, followed by hemiplegia. From this he made a fair recovery, when about 12 months ago he met with a serious carriage accident; once more he regained much of his lost strength, when about the middle of January another attack of apoplexy, followed by hemiplegia, prostrated him, and terminated fatally on the 6th ult. He was attended during his illness by his son, Dr. Bernard Thomas, at present the resident medical officer of the Hahnemann Hospital, Liverpool, and by Dr. Procter, of Birkenhead.

CORRESPONDENCE.

THE LATE DR. PEARCE OF NORTHAMPTON.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The letter from Mr. Pearce which appeared in the *Review* last December demands, I think, some notice from me; the complaint it raises appears to me to be just, and to require some explanation from me as being, in some degree, responsible for it.

The history of homœopathy in this town and county formed no part of the programme of our Congress held here in September, neither was there any time for its consideration without the displacement of matter of more importance—interesting and useful though it might have been; neither was it alluded to in any of the speeches after dinner. Thus the work done here for homœopathy by all excepting myself remained unnoticed. In responding to the final toast—that of Local Secretary—I freely admit that it would have been graceful, and indeed only right, that I should have noticed the work of others, and especially that done by the late Dr. Charles T. Pearce. I may plead, however, in extenuation, that the hour was late, and I myself so much exhausted by the labour I had gone through in connection with the Congress, that I quite forgot the duty which I owed to my predecessor, a forgetfulness which I greatly regret.

Interesting as it is, I cannot here enter into a history of homœopathy in Northampton from its first introduction by Dr. Pearce to the time of his departure. All that I can do now is to refer briefly to Dr. Pearce's first coming here, to his character as a professional man and a homœopath. Having, with the exception of two years spent in London at University College Hospital, lived here during the whole of his residence in Northampton, no one had opportunity for forming an estimate of the man and his work for homœopathy equal to those I possessed.

I met Dr. Pearce on his first visit to Northampton in January or February, 1850. For fourteen months subsequently he visited the town every fortnight to see patients. In April, 1851, he took up his residence here, remaining in active practice until September, 1861, and frequently visited old patients here after that date. During the first five or six years of his residence here I was in business as a homœopathic pharmaceutist, and in that capacity worked with him and for the cause we both had at heart. I also published for him *The Homœopathic Record*, which he so ably edited, and through which he rendered excellent service to homœopathy both here and elsewhere. During that time I was on terms

of intimate friendship with him, saw much of the details of his practice and method of study. Then I was in London for two years. After obtaining my qualification and commencing practice here, I worked with him at the dispensary and frequently met him in consultation.

My knowledge of Dr. Pearce thus acquired enables me to say:

1st. That he was the pioneer of homœopathy in Northampton, and the first resident practitioner in the town.

2nd. As a physician, independently of homœopathy, he was not only accomplished in the teachings of the old school of medicine, but had the genius to discern and to utilise isolated symptoms in cases, a power which enabled him to be a more acute diagnostician than most men, while as a dietician, in the use of hydropathic measures and in the general management of patients, he was a very able physician.

3rd. As a homœopath, I never knew anyone who was better acquainted with the Materia Medica than he was.

4th. As a polemical writer on old school therapeutics he was a veritable Iconoclast. In *The Homœopathic Record* he laid bare with an unsparing hand the therapeutic crudities and absurd practices prevailing in the old school at that day. Having some years previously been mercilessly persecuted by one of the leaders of the so-called "orthodox" school for his faith in homœopathy, the "iron had entered into his soul," and in his attacks upon the old school he gave no quarter to his adversaries, neither did he ask for any from them. In his journal, he at the same time set forth the advantages of homœopathic treatment, affording practical illustrations of these advantages at the homœopathic dispensary which he had founded in the town. The annual reports of the meetings of its subscribers became, in his hands, missionary tracts, spreading abroad a knowledge of homœopathy. At these meetings he obtained the presence and help of several of the leading homœopathic physicians in the country. From what I have stated it will be seen that the influence of Dr. Pearce upon the progress of homœopathy during the first eleven years of its history in Northampton was unusually considerable and important. And further, I would say that what I have been able to do here and elsewhere for a furtherance of a knowledge of homœopathy—work which has been so generously recognised by my colleagues—has been very largely due to my intimacy with Dr. Pearce and the instruction I derived from him, especially during the first five or six years of his residence here.

Finally, having tried to condense my remarks on this question within the limits of what has appeared to me to be actually needful, many other points necessarily remain

unnoticed in relation to the same period, which at a future time I may perhaps touch upon, such, for instance, as the influence on homœopathy in Northampton by other homœopathic medical men who practised here, to wit, Dr. Rigg, Dr. Garrett, Dr. Berry King, and more especially Dr. Henry Thomas, now of Llandudno, who resided with and assisted Dr. Pearce for about two years. Moreover, Dr. William Sharp, of Rugby, ought to be noticed, inasmuch as his most able and world-wide known tracts on homœopathy had their origin in connection with homœopathy in Northampton. These and other matters bearing upon the history of homœopathy here must be left in abeyance for the present.

Believe me, yours very truly,

A. C. CLIFTON.

Northampton, Feb. 8th, 1894.

THE CLEVELAND M.D.

We are requested by the lady-graduate of Cleveland, U.S.A., to publish the following :—

"The lady who received the diploma from the Cleveland Medical College, and to whom reference was made in the *Homœopathic Review*, desires to state that she was much surprised at an assertion made by Dr. T. P. Wilson, that her diploma was not from the Cleveland University (formerly the Homœopathic Hospital College), but from the Cleveland Medical College, which is quite true. But she would remind Dr. T. P. Wilson that his own signature is attached to the Post Graduate Diploma granted her by that Homœopathic Hospital College. He must surely have forgotten this circumstance. It was really due to a mistake in the first instance, through the division of the colleges, that she did not enter the last-named hospital, to which she had previously applied and was duly accepted, they recognising her studies and practice of several years at hospitals and dispensaries both allopathic and homœopathic."

[Dr. T. P. Wilson has not forgotten the attendance of the lady at the Post-Graduate Course of the Cleveland University of Medicine, but writes as follows :—"In our Post-graduate Course of 1892 she was a member of the class. She presented a diploma (M.D.) from the Cleveland Medical College (the other homœopathic college of this city), and by right was admitted and successfully passed her examination, and was granted *a certificate of attendance*" (the italics are Dr. Wilson's). In her letter the lady calls this "certificate of attendance" a post-graduate *diploma*.—EDS. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

Dr. GUINNESS, of Oxford, has retired from practice, in consequence of failing health after a serious illness and old age. He is succeeded by Dr. MACLACHLAN.

We understand that the Ophthalmic Department of the Buchanan Cottage Hospital, at St. Leonards, which owed its origin and progress to the energy and ability of Mr. KNOX SHAW, is about to lose the advantages of his services. It is to be continued by Dr. LOUGH, who has for some time worked with Mr. SHAW. Multiplicity of engagements obliges Mr. SHAW to resign this useful work.

We have, just as we are going to press, heard of a vacancy in a well known health resort where the resident homœopathic physician is, we regret to say, in a state of health that, should he recover, renders his being able to resume practice very improbable. To a qualified practitioner willing to take his house and fixtures, he would give an introduction to those who have been his patients. Dr. POPE or Dr. DYCE BROWN will furnish particulars.

Communications have been received from Dr. HAWKES, Dr. B. THOMAS (Liverpool); Dr. BLACKLEY (Manchester); Dr. PROCTOR (Birkenhead); Dr. CASH REED (Plymouth); Dr. BURFORD, Dr. ROBERSON DAY, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Mr. GERARD SMITH, Dr. H. CARMAN (London); Dr. RAMSBOTHAM (Leeds); Dr. PERCY WILDE (Bath); Dr. GUINNESS (Oxford).

BOOKS RECEIVED.

Eight Years Experience in the Cure of Consumption by Bacillinum. By J. C. Burnett, M.D. London: Homœopathic Publishing Company. 1894—*Homœopathic League Tracts.* No. 48.—*The Evolution of Homœopathy.* London: Bale & Sons, Great Titchfield Street, W.—*Spinal Curvature: Description of a New Apparatus, etc.* By C. G. Gümpel. London. 1892.—*Notes on Nursing in Eye Diseases.* By C. S. Jeaffreson, M.D., F.R.C.S.E. Bristol: Jno. Wright & Co. London: Simpkin, Marshall & Co. 1894.—*Report of the Hastings and St. Leonards Homœopathic Dispensary for* 1893.—*First Annual Report of the Leeds Homœopathic Dispensary*, 1894.—*The Leeds Mercury.* Feb. 15.—*The Bath Herald.* Feb. 15.—*Commerce.* London. Jan. 31.—*Advertising.* London. Feb.—*The Therapist.* London. Feb.—*The Homœopathic World.* London. Feb.—*Medical Reprints.* London. Feb.—*The Chemist and Druggist.* London. Feb.—*The Monthly Magazine of Pharmacy.* London. Feb.—*The Calcutta Journal of Medicine.* Calcutta. Jan.—*The North American Journal of Homœopathy.* New York. Feb.—*The New York Medical Times.* Feb.—*The New England Medical Gazette.* Boston. Feb.—*The Hahnemannian Monthly.* Philadelphia. Feb.—*The Medical Argus.* Minneapolis. Feb.—*The Homœopathic Recorder.* Philadelphia. Jan.—*The Clinique.* Chicago. Jan. *The Minneapolis Homœopathic Magazine.* Jan.—*The Chironian.* New York. Jan.—*Childhood.* New York. Jan.—*The Medical Record.* New York. Jan.—*The Homœopathic Physician.* Philadelphia. Jan. —*The Medical Century.* Chicago. Jan. and Feb.—*The Journal of Orificial Surgery.* Chicago. Jan.—*Southern Journal of Homœopathy.* Baltimore. Jan. *Pacific Coast Journal of Homœopathy.* San Diego, Cal. Jan.—*The Homœopathic Envoy.* Lancaster, Pa. Feb.—*Revue Homœopathique Belge.* Brussels. Jan.—*Revue Homœopathique Française.* Paris.—*Rivista Omiopatica.* Rome. Nov.-Dec., 1893.—*Bulletin Générale de Therapeutique.* Paris. Feb.—*Archiv. für Homöopathie.* Dresden, Dec.-Jan.—*Leipziger Populare Zeitschrift für Homöopathie.* Feb.—*La Homeopatia.* Ciudad de Mexico. Jan.—*Homœopathisch Maandblad.* The Hague. Feb.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

———:o:———

ANOTHER FORM OF BLINDNESS.

In our issue of last month we had an article entitled "Blindness, wilful and otherwise," in which we pointed out how easy it is not to see, by the simple process of shutting our eyes, and referring specially to the blindness of some of the old school, who having the most unmistakeable facts before their eyes, and even writing on these very facts, persist in ignoring, wilfully or otherwise, the only common-sense explanation of them. And rather than admit the homœopathic relation of drug to disease, though it stares them in the face, get up all manner of other explanations, which are nothing more than dust thrown in the eyes of their readers. But we have this month to notice another and very peculiar form of blindness, in which the wish is father to the thought, namely, the desire to see homœopathy dead, and the consequent statement that it is dead, or at least dying.

In the *British Medical Journal* of February 17th, in an editorial entitled "Doctors and the Press," we find the following delightful bit:—"As regards the former of these matters (homœopathy) we shall say no more; the homœopathy craze is dying out, and the question is, therefore, every day of less and less importance." Whether the editor of the *British Medical Journal* believes what he writes, or whether he penned these lines

with his tongue in his cheek, we need not stop to enquire. Suffice it to say that it is very like many of the bold, though utterly false, statements that in these days are calmly uttered, and which go down with those whose ignorance is on a par with the credulity they display, when an authority like the *British Medical Journal* delivers an oracular utterance. The truth is precisely the reverse of this precious statement. Never was homœopathy in a more flourishing condition and more full of vitality, and its professional advocates more earnest than at present.

In the early days of homœopathy, when old school practice was of the most rough, crude and barbarous type, the contrast between the two systems was so great that public attention could not fail to be drawn to it, and the revulsion of many highly-educated patients from the old practices made a talk which so stimulated the growth of the new doctrines, that homœopathy seemed to be making, and did make, vast strides. This in spite of the most violent opposition of the old school. We were told that "homœopathy was the grave of science," that it was contrary to all common-sense, and to all medical science and experience. No opprobrious epithets were considered too strong for its practitioners, who were denounced as knaves, or fools, or both. All this violent and ignorant opposition has now, we are glad to say, disappeared, at least to a very large extent. But why? Because old school men could not fail to see that serious cases, which they represented as being culpably neglected, because their own rough treatment was not adopted, actually got well without it, and more quickly and thoroughly too. This by degrees resulted in milder measures being adopted, so that a school arose who maintained that all that was needed in treatment was simply good nursing. But with those who could not go this length, the treatment of disease gradually became so modified that all the trusted, rough, barbarous practices were *seriatim* dropped, and to-day the allopathic doctor of the old school treats his patients in a manner as far removed from the good old style as light is from darkness. This important result is, as all admit, a direct outcome of homœopathy. But it has necessarily brought about a different state of things in the

relations between the two schools. Instead of bitter enmity, bad names, and even social ostracism, the old school leave us very much alone; they call us no bad names, and are most friendly personally, and even professionally. They will talk over our differences, admit privately that there is a great deal of truth in our views, and even make use of our therapeutic measures and help. This being so, homœopathy has no need to push itself forward on all occasions in a markedly militant way. We have our large *clientèles*, and are fully occupied in carrying on our practice in a quiet steady manner, and it is only when occasion sometimes arises, that we feel it our duty to assert ourselves. And hence the editor of the *British Medical Journal* thinks people will believe him when he, with much assurance, declares that homœopathy is "dying out." But there is ample, and more than ample, positive evidence that homœopathy is, so far from dying out, very much alive. What is the meaning of the new homœopathic hospital which is in course of building in London, at a cost of over £30,000, all of which has already been subscribed? And this because the old building, which was not constructed for a hospital, was found to be deficient in the necessary requirements of a hospital of the modern type. What is the meaning of the existence of flourishing homœopathic hospitals in Liverpool, in Birmingham, in Bath, in Bromley, in St. Leonards, in Plymouth, to say nothing of the Children's Sanatorium at Southport, and countless dispensaries in nearly all provincial towns, to which thousands of the poor flock annually, in preference to the old school institutions? What is the meaning of the existence of three homœopathic journals, and the "Hospital Reports"? What is the meaning of the existence of over 12,000 homœopathic practitioners in the United States, where everything is advanced and "go-a-head," of the many homœopathic colleges in that favoured country and of the numerous excellent journals there published? What is the meaning of the British Homœopathic Society being in a more flourishing condition than it ever has been since its foundation just fifty years ago? What is the meaning of our Annual Congresses and our Quinquennial International Congresses? Truly there is but one meaning that anyone can see in all this, unless he is so wilfully blind as

the editor of the *British Medical Journal*, and that meaning is that homœopathy is in a most flourishing and active condition. But we have got other questions to ask, the replies to which are equally convincing on the point. What is the meaning of the gradual but steady leavening of the old school by homœopathy? How comes it that Dr. RINGER'S work on *Therapeutics* goes through so many editions, and is a standard work, when it is so full of homœopathy —treatment there recommended that has no other explanation than the homœopathic one, with small doses as a necessary part of it? How comes it that these pieces of treatment are now household words in the old school? How comes it that *aconite* is now constantly used in inflammatory fever when not many years ago it was laughed at? How comes it that Dr. LAUDER BRUNTON, in his *Pharmacology*, at least in the first two editions, had his clinical index full of medicines which were previously unknown outside of the homœopathic school, though most of these were withdrawn in subsequent editions, under pressure of queries which were difficult, to say the least, to answer? And how comes it that many of the leading pharmaceutical firms advertise remedies as "new," which were till recently found only in homœopathic works, and which are recommended for the very disorders they have been employed in for years by homœopaths? There is, and can be, only one meaning in these signs of the times, and no more significant illustration could be given of the vitality of homœopathy than its steady progress in the enlightenment of the old school, a progress which we hail with the liveliest satisfaction, as forming the surest basis for prognostication of the great future which homœopathy has before it, namely, that it is destined sooner or later to become the dominant practice. In the face of such facts, how childish is the statement of the editor of the *British Medical Journal*, that homœopathy is "dying out." The statement is, in fact, so ridiculous that it would be unworthy of our notice, were it not that such statements are believed by many who are as blind themselves, and as in a scientific, as well as a political, campaign, it is a great mistake to allow such statements, however absurd, to go uncontradicted and disproved.

MASTOID EMPYEMA AND SEPTIC THROMBOSIS OF THE LATERAL SINUS. LIGATURE OF THE INTERNAL JUGULAR VEIN AND REMOVAL OF THE CLOT FROM THE SINUS. DOUBLE PNEUMONIA: RECOVERY.

Under the care of Dr. Byres Moir, Physician to the London Homœopathic Hospital, and Mr. Dudley Wright, Surgeon for Diseases of the Throat and Assistant Surgeon to the Hospital.

The notes of the case were taken by Dr. Lambert, the Resident Medical Officer.

Sarah C——, aged 9 years, was admitted into the London Homœopathic Hospital on January 27th, 1894, suffering from intense pain behind the left ear and swelling in the neck below the left mastoid process.

The patient had scarlet fever two years ago, followed by a bad smelling discharge from the left ear, which had continued up to about three months ago. Three days before admission, the pain in the head first came on; it rapidly increased in severity, and the night before admission the patient was delirious. There had been no rigors or convulsions.

On admission.—The child was very pale and cold and almost collapsed. Pulse 136 and temp. 100°. She was deaf in the left ear and had some swelling of the tissues below the mastoid process, and there was tenderness to pressure there, but there was no redness of the skin and no swelling whatever of the mastoid itself.

There were no abnormal physical signs in the lungs or heart. Was ordered *bell.* om. 3 hor. and *plantago* ϕ. On the day after admission (28th) the patient vomited three times and was still in great pain, the temperature varying between 101° and 102.8° *Veratrum viride* 1x, gtt. iij. om. 2 hor. On the 29th January there was marked drowsiness; the patient was continually lying on her left side with the knees drawn up. Pain and tenderness over the mastoid region remained about the same, and the swelling in the neck was still present, but there was no redness or swelling over the mastoid itself. The knee jerks were absent, no ankle clonus, pupils dilated. Ophthalmoscopic examination, made by Mr. Knox Shaw, showed the discs swollen and edges indistinct but not striated, and considerable congestion of the vessels.

Examination of the ear showed a perforation in the drum, through which some thin offensive pus was discharging.

A consultation was held, and it was decided that an exploratory operation was advisable. The patient was put under the influence of A.C.E. mixture, and Mr. Wright made an incision behind the ear and removed with a chisel and forceps the bone covering the mastoid antrum, the lining of the posterior wall of the external meatus being detached and held forward. A considerable thickness of bone was removed before the antrum was opened and the fœtid pus which it contained was then removed. Finally the opening was much enlarged by removal of the greater part of the mastoid process, and the cavity well scraped out and flushed with antiseptic lotion and packed with iodoform gauze. At the close of the operation some air of fœtid odour was noticed escaping from a small opening in the posterior part of the cavity. The patient was rather collapsed after the operation.

On the next day (Jan. 30th) the following notes were made:—

"The patient had some pain in the night and vomited once. This morning the patient had a rigor, the temperature going up to 105.4°. The dressing was changed, a fair amount of discharge having come away. Hot boracic fomentations to the ear had given considerable ease to the pain, and the patient seemed better in the afternoon after the rigor."

The occurrence of a rigor in spite of the exit already given to the pus pent up in the mastoid antrum, made it highly probable, however, that septic matter was present around the lateral sinus. It was, therefore, deemed advisable to open up the sulcus lateralis. This was accordingly done under an anæsthetic the same afternoon.

By prolonging backwards the incision made on the previous day, the bone was laid bare and removed, and the lateral sinus exposed. It was found covered by a thick layer of adherent pyogenic membrane. This was removed and a hypodermic syringe used to ascertain whether the sinus contained fluid blood. None was, however, obtained, it being evident that the venous channel was obstructed by a thrombus. The wound was accordingly temporarily plugged with gauze, and

an incision was made along the anterior border of the sterno-mastoid at about the middle of its length. The external jugular, which lay in the line of the incision, was divided between two forceps, and a mass of enlarged glands removed, the internal jugular being thereby brought to view. It was found to contain clot as far down as the entrance of the middle thyroid veins, and a double ligature was placed around the vein below the lower extremity of the thrombus, and the vein divided between the ligatures. The lower extremity of the upper divided end was then opened and stitched to the skin, and some of the contained clot removed. The lateral sinus was next opened, and clot mixed with pus removed from it, both from its lower and upper part, whereupon free hæmorrhage took place. This was easily controlled by plugging with gauze, and the usual dressings completed the operation.

The pulse was rather weak towards the end of the operation, but was much improved by an enema and hypodermic injection of brandy.

The patient rallied well and slept a good deal through the evening and night, and the pain was much less. Liquid food was taken well, together with small doses of brandy. Three doses of *strophanthus* 1x ♏ v. were also given during the night. The temperature varied during the following two days between normal and 102.8°. The dressings were changed daily and a stream of lotion made to wash out the vein from its upper to its lower opening, thus removing the septic coagulum.

On Feb. 2nd (the third day after the operation) the patient complained of pain in the left side and the respirations were accelerated. A loud pleuritic rub was heard in the left infra-axillary region. (*Bryonia* 1x mj. 2d hor. ordered.)

The following day impaired resonance and harsh breathing was found at the left apex in front; and at the base the percussion note was dull below the angle of scapula, and tubular breathing was present here. The friction sound was not so loud as before. (*Phosph.* 3 mj. 2d hor.)

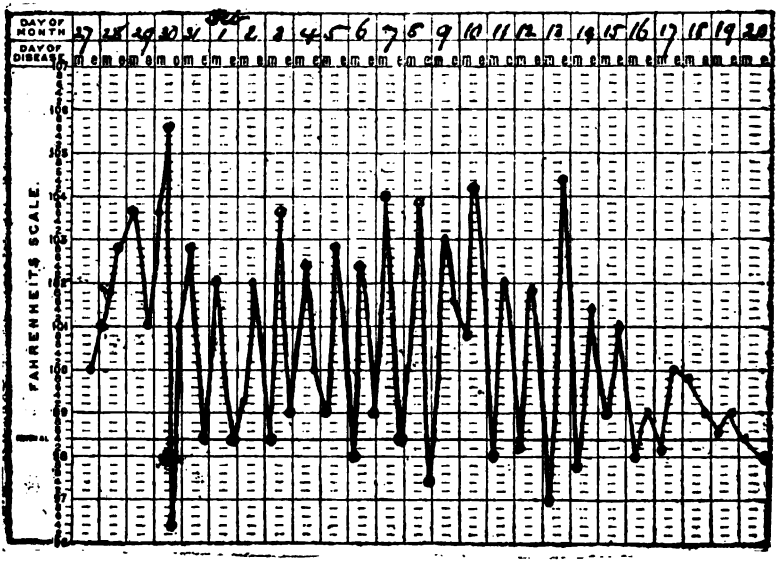
On Feb. 4th the left lung remained about in the same condition, but harsh breathing was present at the right base. The head and neck wounds were progressing

well, the discharge having lost its offensive character, and healthy granulations appearing.

On Feb. 7th the whole of the left base was dull to percussion with weak breath sounds. Above the angle of scapula there was œgophony. Aspiration of the pleura with a hypodermic syringe gave a negative result.

There was a small slough in the neck wound, which, together with the stitches uniting the vein to the skin, was removed. The patient had been taking food and brandy well. There was only a slight cough and no expectoration.

On Feb. 9th expectoration had appeared in the form of slightly fœtid yellowish lumps. There were signs of redux crepitation at the right apex, and considerable dulness at both bases.



The dulness at the left base had considerably diminished by the 14th Feb., and small crepitations were heard at the right base; there was also impaired resonance and harsh breathing at the right apex. Since the last note on the temperature the daily variations had been considerable, the maximum being 104.4° (on one occasion) and the minimum 97°. (*Ars. iod.* 3x grii t.d.s.)

4 HOUR CHART

DISEASE.

Ovarian Tumour

Notes of Case.

Name { Elizabeth P.....

Age 40 yrs

Diet

Case Book No.

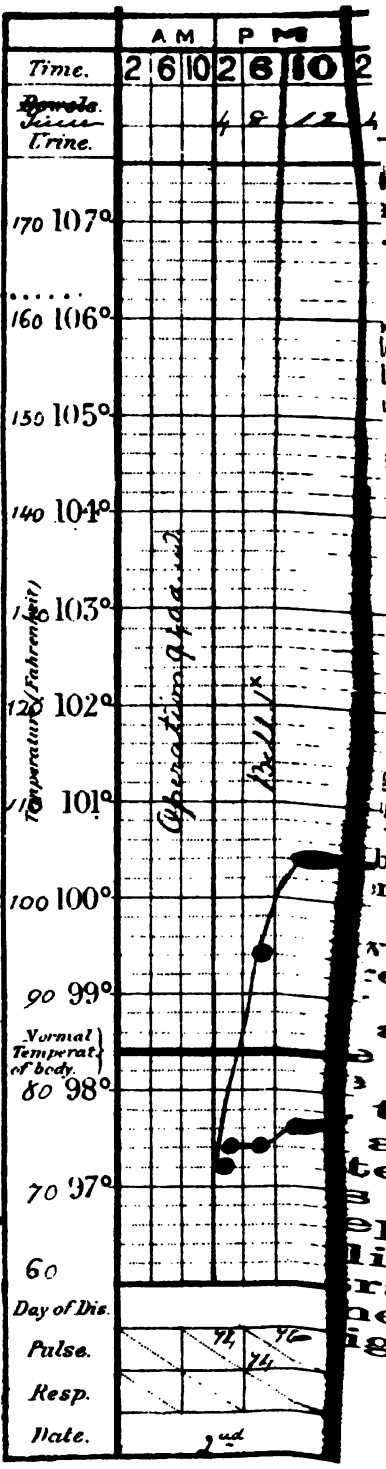
(Dr Finney and Dr Bonfield case).

Upper curve = Temperature

Lower curve = Pulse.

Ovariotomy Feb 2: 1894

Result Cured

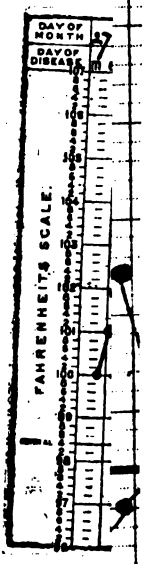


ıture has
ays it has
. In the
the mid
offensive
though
left ear.
lly. The
ıe patient
stronger.
ation has

etting up
very good
e is only
the neck
. normal.

nteresting
itted, the
extent of
g, double
g already
while the
bad prog-
mpyema,

ved by a
ead that
into the
apparent
gradual
previous
to adopt.
a further
ted in the
and its
eptic clot.
lity, have
ral part),
heart and
ighted up


DAY OF MONTH
DAY OF DISEASE
FAHRENHEIT'S SCALE.

Feb. 19th.—Since the last note the temperature has been falling steadily, and during the last two days it has not risen above 99°. Left lung is clearing well. In the right lung crepitations are heard as high as the mid scapular line. Expectorations of yellowish offensive sputum continue. Both wounds are closing, though there is still some purulent discharge from the left ear.

Feb. 26th.—The patient is improving rapidly. The dulness is disappearing from the bases, and the patient is sitting up in bed and appears to be much stronger. The temperature keeps normal, and expectoration has now nearly ceased.

March 12th.—The patient has now been getting up every day for the last ten days, and is in very good health, though still somewhat anæmic. There is only a very small wound behind the mastoid and the neck wound has healed. The temperature remains normal. There is still a slight discharge from the ear.

Remarks by Dr. Byres Moir.—This case is interesting from several points of view. When first admitted, the diagnosis, both with regard to the seat and extent of the disease, was very difficult. The vomiting, double optic neuritis and delirium, pointed to there being already considerable meningitis or abscess in the brain, while the extreme prostration of the child led to a very bad prognosis. But with the evidence of mastoid empyema, surgical interference was urgently called for.

After the first operation, the rigor, followed by a temperature of 105.4°, gave us reason to dread that septic material had already obtained an entry into the blood stream. On the other hand, however, the apparent improvement in the child's condition, and the gradual subsidence of the pain since the operation on the previous day made us doubtful as to the proper course to adopt.

It was, however, thought advisable to make a further exploration, and as the notes show, this resulted in the discovery of the occlusion of the lateral sinus and its continuation, the internal jugular vein, by a septic clot.

Had this been left, it would, in all probability, have suppurated (as it indeed already had in its central part), and been carried on into the right side of the heart and from thence to the lungs, where it would have lighted up further mischief.

Indeed, it is highly probable that the rigor was due to some partial detachment, and the pneumonia which followed to its lodgement in the lung tissues.

The type of the pneumonia further supports this view. Instead of the ordinary form involving an entire lobe, we have patches in both lungs with involvement of the pleura over the corresponding area. The temperature also was decidedly of a septic type, and its decline by lysis instead of by crisis was another notable feature.

The condition, therefore, at the commencement of the case was one which demanded immediate treatment from a surgical point of view, and the happy result fully justified the method of treatment adopted, and shows in a marked way how in these critical conditions medicine cannot do without the aid of surgery, and how much benefit may accrue to the patient from the harmonious co-operation of physician and surgeon.

It may further be added that as this operation has only been in vogue such a short time, it is highly gratifying that a successful case should have already occurred in our hospital.

In a discussion on brain surgery which has just taken place in Edinburgh, such a distinguished surgeon as Professor Chiene stated that so far he had had no success in such cases, and in this particular instance we attribute much of the good result to the early surgical interference.

Remarks by Mr. WRIGHT.—The above case is the one briefly referred to in a post scriptum note to my paper in the forthcoming number of the *London Homœopathic Hospital Reports*.

In it I mentioned that so far as concerned the condition for which the operation was performed, the patient was progressing favourably, but that the pneumonia had yet to be combated. The above notes now show how, under medical treatment, that too was overcome.

Particularly noticeable in the symptoms was the fact that in spite of the well marked empyema of the mastoid antrum as disclosed at the operation, there was absolutely no redness or œdema of the skin over the mastoid process. One is so accustomed to expect to

find this sign present, that it is well to draw attention to its absence in this case.

The exact method of operating in these cases is described in some detail in the paper mentioned above; but it may be added here that when the symptoms point strongly to the involvement of the lateral sinus, it is advisable, if the patient's condition warrant it, to perform the two stages of the operation, viz. 1st, opening the mastoid antrum, and 2nd, removing the bone covering the lateral sinus, at one and the same time.

In the present instance, the collapsed condition of the patient at the end of the first stage made it advisable to withhold from further immediate operative measures; and I think it more than probable that had we been able to complete the operation at one sitting, the rigor which occurred on the morning of the following day, and which helped to strengthen the suspicion of the implication of the lateral sinus, would have been prevented: and it is just conceivable that the pneumonia, likewise, might have been staved off.

In an address on the "Surgery of the brain based on the principles of cerebral localisation," to the Congress of American Physicians and Surgeons in 1888, Roswell Park, expressing the views held at that time by European and American surgeons alike, whilst advocating operative measures in cases of brain abscess or localised meningitis, recommended that "in case of thrombosis of the lateral sinus one had better abstain from operation."

From this it will be seen within how short a time such cases as the above have been dealt with surgically. It is only within the last five years that Ballance, acting upon a suggestion made by Horsley, that the internal jugular should be tied and the sinus opened and cleared of its clot, first successfully operated upon two cases of this nature. His example was shortly followed by MacEwen and Lane, and since that time some dozen more have been reported in the medical journals, and we now have the satisfaction of adding yet another successful one to the list.

OVARIAN TUMOUR, WITH EXTENSIVE AND DENSE ADHESIONS, IN A PATIENT OF SIXTY.

Ovariotomy: Recovery.

By John Murray, L.R.C.P., L.R.C.S., and George Burford, M.B.

I. Clinical History: by Dr. Murray.

Elizabeth P., married, ætat 59, was first seen on the 28th November, 1893. Patient was then suffering considerable pain referred to the lower part of the abdomen. She had had attacks of a similar character for some time, which she thought to be due to indigestion. The tongue was fairly clean and the appetite good, but she suffered from much flatulence; the bowels had been irregular, alternating between constipation and diarrhœa, the former condition most often present. Patient said that even when the bowels were freely moved there remained an unrelieved sensation; this was so also on voiding urine. There was no obstruction to its passage, but the feeling remained as if more required to pass. Patient had been aware of enlargement of the abdomen, but as this was not persistent she thought it due to flatulence.

On examination the abdomen was found to be very much enlarged, more on the right side than on the left, and a tumour of considerable size was found to occupy chiefly the right iliac region, also extending across the linea alba into the left lumbar region. It was irregular in outline, not very hard, and extended upward as far as the umbilical level. It followed the movements of respiration; the percussion note was dull all over, and not affected by alteration of the position of the patient. The pain, of which she complained, was increased by pressure, and although the pulse and temperature were normal, there seemed to be some sub-acute inflammatory process, and *bryonia* was ordered to be taken every two hours.

At the visit next day (November 29th) patient was much relieved and said she had little or no pain. The prescription was continued and she was ordered to remain in bed. The rest and continuance of *bryonia*, with *chamomilla* and other medicines as indicated, produced considerable improvement, and on the

15th December she was able to attend at the consultation held at the Homœopathic Hospital, London. Here the tumour was found to be movable; distinct fluctuation was made out in it, and an irregular undulated outline existed over its whole periphery. A fairly clear tympanitic border existed between the tumour and the liver, and in the flanks on both sides. The uterus was found displaced upwards and to the left side; the os uteri could be felt high up directed forward behind the symphysis pubis. The skin over the tumour was free from enlarged veins, freely movable, and healthy in appearance.

The case was diagnosed as one of multilocular ovarian cyst, and considered suitable for operation.

The family history is brief. Patient's father died of gangrene at the age of 73. Her mother died of bronchitis at the age of 76. One sister died of phthisis at 31. The remainder of the family, consisting of two brothers and three sisters, are living and healthy. A maternal aunt is said to have died of a malignant abdominal tumour.

II. Ovariotomy, by Dr. Burford.

This patient came into hospital to undergo the usual course of preparatory treatment prior to operation. *Arnica* was prescribed thrice daily, the dietary was carefully supervised, red meat being interdicted, a pint of barley water was taken at intervals during each day, and the intestinal tube thoroughly evacuated by appropriate aperients and enemata. Before operation the average daily quantum of urine was five and forty ounces.

On February 2nd of this year I performed ovariotomy on this patient, assisted by Dr. Edwin Neatby, my Assistant Gynecological Physician. I found the parietal peritoneum thickened and adherent to the cyst wall, so that an opening was effected in the serous sac at the upper angle of the incision, and carefully enlarged downward. Some free fluid poured from the abdomen, the cyst was exposed, tapped, and a moderate quantity of dark brown fluid evacuated by successive ruptures of the various loculi. Attention was now directed to adhesions, which presented a most unpromising aspect. Omentum, parieties, colon, vermiform appendix, were

successively detached from the cyst wall, which still was firmly adherent to adjacent viscera by thick dense matted exudation. It seemed almost impossible to isolate the tumour from its bed of inflammatory effusion, so general and compacted were the areas of adhesion. Careful and protracted attentions finally enucleated the cyst from its attachments, the tumour was removed, bleeding points ligatured in whole masses of adhesion-structure, and the abdominal cavity flushed with hot water. Thus ended an operation of unusual difficulty and intricacy; thrice during its course were rectal injections of brandy necessary to meet the shock from detachment of so numerous adhesions, and the time occupied in the actual manipulations of operation was one and three-quarter hours.

It is most noteworthy that after so severe and prolonged a traumatism, the convalescence was unusually smooth and uninterrupted. During its course we had no vomiting, no distension, but little pain, and a most moderate degree of surgical reaction. The maximum temperature during the period of recovery was 100.6°, the maximum pulse rate 94. *Belladonna* was prescribed for 24 hours, and the following day *lycopodium* was substituted. On the third day remedies were discontinued, there being nothing in the condition of the patient calling for therapeutics. On the fifth day some bladder irritation was noticed, and for which *nux vomica*, followed by *nitric acid*, was administered. This symptom proved a little obstinate, but was markedly and immediately benefited by washing out the bladder with a weak solution of *boracic acid*. A moderate amount of natural sleep was obtained during the second night, no hypnotics or sedatives were required at any time, and the course of convalescence was easy in an unusual degree. Never once did the patient's condition give us any anxiety, the only troublesome symptom being the above mentioned bladder catarrh. The patient left hospital on March 12th in good health.

I have appended the chart taken during the convalescence, showing the pulse curve, the temperature curve, the renal secretion, and the therapeutic remedies on the appropriate days.

CLINICAL NOTES, ILLUSTRATING THE SURGERY OF THE URINARY ORGANS.

By C. KNOX SHAW,

Surgeon to the London Homœopathic Hospital and Buchanan College Hospital; Consulting Surgeon to the Tunbridge Wells Homœopathic Hospital and Dispensary, &c., &c.

Vesical Calculus, Impacted Calculus in the Urethra: Median Lithotomy; Recovery.

Edward G., æt. 21, was admitted into the Buchanan Cottage Hospital, St. Leonards, under my care on October 27th, 1893. It appeared that he had had some incontinence of urine since early childhood, and that he was circumcised at the age of three months. At the age of ten, still being troubled with incontinence, he was examined by a London surgeon, but as far as I can learn his bladder was not sounded. Since then he has consulted many men but never obtained permanent relief, and lately he had been compelled to wear a urinal. As he suffered from an increasingly severe vesical pain and was unable, owing to his eneuresis, to follow his employment, he consulted Dr. Lough, who at once admitted him into the hospital. He was then found to be suffering acute pain over the region of the bladder, frequent painful urination, with the occasional passage of blood. His urine dribbled away and was most offensive and ammoniacal.

The meatus urinarius was contracted, making the passage of a sound difficult. On introducing one it struck a stone impacted in the membranous portion of the urethra, seemingly in a cavity; any attempt to move it was followed by free hæmorrhage from the urethra. After a few days' rest in bed an anæsthetic was administered on November 4th by Mr. Frank Shaw. A staff with a median groove was then inserted as far as possible, and though it was apparently passed beyond the stone it could not be introduced into the bladder The urethra was then incised in the median line and a cavity opened containing three phosphatic calculi, weighing 75 grains. The multiple stones accounted for the difficulty of passing the staff. The index finger of the left hand was then introduced into the bladder and three more phosphatic calculi found, weighing 220 grains; these were easily removed with forceps. There was not

much hæmorrhage, and a lithotomy tube having been introduced into the bladder the patient was put back to bed.

Arnica and *aconite* were given alternately. The tube was removed on the 8th of November and a catheter passed into the bladder on the 11th. By the 15th he had gained some power over the bladder but no urine had been passed per urethram. The urine, which had been gradually clearing, was passed naturally for the first time on the 20th. The temperature, which had been running a normal course, suddenly on November 29th rose to 102°, and with aching limbs and throbbing head the patient was supposed to be suffering from influenza which was then rife. On the 2nd of December a right-sided orchitis developed, for which *acon.* and *puls.* were ordered; in three days this had nearly subsided, when the left testicle became inflamed and the urine became offensive again. By the 15th all these symptoms had cleared off, and the patient had perfect control of the bladder during the day but some incontinence at night, and he very shortly left the hospital.

Uric Acid Vesical Calculus; Removal by Lithotrity; Recovery.

Jesse M., æt. 22, first came under the observation of Dr. Pincott, of Tunbridge Wells (who has very kindly furnished me with the following notes) in August, 1893, as an out-patient at the Tunbridge Wells Homœopathic Hospital and Dispensary. He was then suffering from frequent and painful micturition and evident cystitis. Under *acon.* 1x. and *canth.* 1x. he rapidly improved, and resumed his work as a potter and brick maker.

On January 31st., 1894, he came again as an out-patient with symptoms similar to those exhibited the previous August, and saying that he had been quite well since his last visit. On February 5th his symptoms becoming very severe, it was necessary to visit him at his own home. He was then found to be suffering from acute cystitis with frequent painful urging, and passing only small quantities of urine at a time.

His temperature was 103°, and pulse rapid. Dr. Pincott at once ordered *aconite* and *cantharis* alternately, with hot fomentations, and a diet of milk and soda water and barley water and lemons.

In a week's time, the cystitis having subsided, Dr. Pincott sounded the bladder and found a stone. He was then admitted into the hospital, put to bed, and kept on a bland diet.

At the invitation of Dr. Pincott I visited the hospital on the 24th February to examine the patient and to remove the stone.

Dr. Pincott had previously carefully examined the urine and satisfied himself that the kidneys were healthy, and that there was no serious condition of the bladder. A sound showed the stone to be of fair size, and the clear, bright ring obtained when it was struck revealed its nature to be either uric acid or oxalate of lime. It having been decided to remove the calculus by lithotrity, Dr. Pincott administered the A.C.E. mixture. A Weiss's lithotrite having been gently introduced into the bladder, the stone was easily seized, and being of considerable size, required a very powerful effort to fracture it; two or three times it resisted all efforts, and it was not until the stone had been dropped and seized in another position that any impression could be made upon it. The cracking sound made on its fracture was plainly audible to those around the operating table. By patience the difficulties were overcome, and in seventy minutes the patient was back in bed again. The lithotrite was introduced into the bladder three times altogether. A No. 18 Bigelow's evacuator was used, and at the third washing out apparently the last fragment was removed. At four o'clock the following morning the patient had a rigor, and the temperature rose to 103°. It varied between 104° and 98.2° for the next two days, due no doubt to the over-distension of the urethra, and then fell to normal, where it remained till his discharge from the hospital. No fragments were passed after the operation, a little stone dust only being noticed in the urine. The patient was out of bed by the 31st, and by March 2nd he could retain his urine five hours, and there was no pain in the act of micturition. His bowels acted naturally all through, and he was discharged from the hospital on March 7th.

The fragments, which were well pulverised and easily came through the evacuator, weighed, when dried, 360 grains, or just 6 drams.

Fragment of Catheter in the Bladder: Removal by Median Perineal Cystotomy.

On the 6th of February, Henry B. was sent up from Colchester by Dr. Reed Hill with a diagnosis of a fragment of catheter in the bladder. He was a fairly healthy man, aged 58, who had had stricture of the urethra 25 years ago, for which he was operated on by Sir Henry Thompson in University College Hospital. Two years ago the stricture became troublesome, but was dilated by Dr. Reed Hill, and under his directions he had occasionally passed a catheter since. On the evening of the second he passed his No. 11 black French catheter as usual, but found some little difficulty in withdrawing it, and when he did so he discovered that he had left a considerable portion behind. Next day he consulted Dr. Hill, who sounded the bladder and found the fragment. Micturition had been getting painful, and the urine becoming more turbid since the accident. He was admitted at once to the London Homœopathic Hospital, when Dr. Lambert, the Resident Medical Officer, reported the urine to be acid, with a sp. gr. of 1015, containing a little albumen, a good deal of pus, but no tube casts.

On the following day, February 6th, Dr. Day administered the A.C.E. mixture, and a small lithotrite was introduced into the bladder, and the fragment of catheter easily found; it was already felt to be coated with phosphates. There was no difficulty in gripping the piece of catheter, but never once could I manage to catch it "end on," the only way of course it could be removed. The patient was then placed in the lithotomy position, and a grooved staff passed into the bladder, and entrusted to Mr. Dudley Wright's care. The urethra was then opened in the median line, and the index finger of the left hand introduced into the bladder. With the aid of the finger and a pair of long forceps the fragment was removed. During the operation several small prostatic calculi were removed. The fragment of catheter, which was encrusted with phosphates, measured $3\frac{3}{4}$ inches.

On February 9th he first passed urine naturally, and was allowed to get up on a couch. By the 12th he had regained control of his bladder, and during micturition per urethram a little urine dribbled from the perineum. A No. 12 prostatic catheter passed without difficulty

into the bladder. That afternoon he left the hospital for Tunbridge Wells. The highest point his temperature reached was 99.6° the day following the operation. He was prescribed some *carbo. veg.* for flatulent dyspepsia with belching of wind.

*Notes on a Case of Renal Calculus for which the Operation of Nephro-Lithotomy was performed twice within ten months.**†

By C. Knox Shaw.

Surgeon to the London Homœopathic Hospital.

(From notes taken by Dr. J. R. P. Lambert, Resident Medical Officer.)

A. J. C., aged 51, a clerk, was admitted into the London Homœopathic Hospital, under Mr. Knox Shaw, on October 10th, 1893.

He was a married man, with an unimportant family history. At twenty-five years of age he noticed that he passed some gravel, and that at this time he used to have severe pain in the left lumbar region at a spot just above the anterior superior spine. This lasted on and off till 1872, when the pain seemed to leave him. In 1878 he strained himself, and passed blood in his urine and felt pain in his bladder. In 1879 a small vesical calculus was crushed in Toronto, Canada, where he was then living. He remained well till 1891, when he discovered that he was passing some pus in his urine. He did not seek advice till next year, when he was told he had vesical catarrh. Last November he was bathing, and next time he micturated he found that he passed some clotted blood in addition to the pus he was now always passing, but he did not suffer any pain. He became an out-patient at University College Hospital, where a renal calculus was diagnosed, and he was treated with *spirits of juniper*. He was subsequently admitted into the hospital, under the late Mr. Marcus Beck, and, on January 5th, 1893, a large renal calculus, weighing 1,250 grains, was removed in pieces from the left kidney. The wound soon healed, and remained apparently sound till about three weeks ago, when a small sinus opened. A month before this the patient ricked himself, and then

* Specimen shown to the Society, November 2, 1893.

† Reprinted from the *Journal of the British Homœopathic Society*, January, 1894.

found some blood in his urine. This has appeared off and on since.

A week before admission into the London Homœopathic Hospital, the wound was probed at University College Hospital, and something gritty felt. Preferring the more gentle, post-operative, therapeutic measures of the London Homœopathic Hospital, he sought and obtained admission there. When admitted, a probe could be passed along a small sinus in the left loin and a small piece of calculus felt. The urine had a sp. gr. of 1016, was acid, and contained some albumen and a copious deposit of pus, but no crystals.

On October 16th, Dr. Day having anæsthetised the patient, the sinus was opened, a director being used as a guide. A few friable fragments of calculus were found in the sinus, but as they did not appear to be sufficient to be keeping up the renal symptoms the kidney was exposed, and was at once found to contain a good-sized irregular stone. The kidney structure having been incised, the stone was removed in two pieces. The kidney was then further explored, but nothing more discovered. As there was a good deal of capillary hæmorrhage from the kidney, the wound was irrigated with hot boro-glyceride solution and tamponaded with iodoform gauze. A large pad of wood-wool tissue completed the dressing. The fragments of stone removed and exhibited at the meeting weighed 480 grains. He was ordered *hazeline* m. ii. every hour, and put on a bland fluid diet. His convalescence ran an uneventful course, the temperature on two or three occasions only rising as much as 99.2°, till November 10th, when he complained of a sensation as if a very small stone were in the bladder. On sounding him this was found to be correct. Without an anæsthetic, a No. 14 Bigelow's evacuating apparatus was introduced into the bladder and some phosphatic fragments removed. He left the hospital well on December 4th.

Remarks.—This case has several points of interest. First, the considerable size of the stone removed at the first operation, 1,250 grains. Secondly, the extreme rapidity of the growth of the second stone. Of course, it was just possible the stone last removed might have been overlooked at the first operation, but this was unlikely when the operation was performed by such a care-

ful surgeon as Mr. Marcus Beck. We sought information on this point, and, owing to the kindness of Dr. Chidell, of University College Hospital, we obtained the following notes of the operation:—"After removal of the stone, the pelvis was examined with a long probe. No more fragments found. Calculus removed in several pieces; two main pieces which lay in the pelvis and six other pieces pedunculated and evidently coming from the calyces." As the wound quite healed after the operation, it looks rather as if the present stone developed after the first operation. If so, it must have been added to at the rate of about a grain and a-half a day. In easily accessible literature there do not seem to be any observations as to the rate of development of renal calculi, nor do there seem to be any recorded cases where two calculi have been removed from the same kidney within so short a time.

Renal Calculus: Removal by Nephro-Lithotomy; Recovery.

Fred. C., aged 22, was admitted into the London Homœopathic Hospital on January 6th, 1894. From Dr. Lambert's notes of the case we learn that he had had no illnesses except the one for which he sought admission to the hospital. Five years ago he began to notice paroxysms of pain in the left side, extending down to the thigh; they came on generally soon after he began work. The attack would last about two hours, but was never accompanied with hæmaturia. Lately the attacks have become more frequent and have increased in severity. Seven weeks ago he noticed a little blood in the urine for the first and only time. A week before admission he left the Temperance Hospital, where he had been an inmate five weeks, without obtaining much relief. He had taken at various times a good deal of medicine without any abatement of the symptoms.

On admission he described his attacks as coming on suddenly, and with such severity as to completely prevent him doing his work, the pain extending down to the left testicle. He said that he was quite well as soon as ever the attack passed off. He has never vomited in an attack. The pain could be brought on by riding in a bus or from slipping suddenly off the curbstone. The only local physical sign was some tenderness on deep

pressure in the left lumbar region. His urine, which had a neutral re-action, had a specific gravity of 1020, and contained a trace of albumen but no tube casts, and showed under the miscroscope oxalate of lime crystals.

A consultation was held on January 12th, and exploration of the kidney advised.

Under gas and ether administered by Dr. Day the left kidney was exposed on February 15th by a 4-inch lumbar incision; a stone was felt in the pelvis of the kidney; this being torn through, the stone was removed with the finger and scoop. A drainage tube was inserted down to the kidney, and the wound closed with silk-worm gut sutures, a large gauze and wood-wool dressing covering all. The stone, which was a characteristic oxalate of lime calculus, weighed 88 grains.

The next day there was free discharge of urine and blood from the wound, and the urine passed from the bladder contained a considerable quantity of blood. He had *arnica* administered internally.

That evening his temperature rose to 101.6°, and for the next six days his temperature varied from 101.2° to 104.4°. The cause of this rise was somewhat obscure; the wound was apparently quite healthy, and there was no pus anywhere. At first it was thought the patient was suffering from influenza, and later his symptoms resembled those of a patient in the early stage of typhoid fever, but I am inclined to think that the first surmise was the one. On January 24th some pus was noticed for the first time in the urine, and a little was seen on the dressings. He slowly improved, and was put on full diet on the 31st. By the 12th of February the wound had practically healed, though there was still some pus in the urine. He had an evening temperature varying from 100° to 101° for some time, but this gradually fell, and he was discharged from the hospital to a convalescent home on March 9th.

Remarks.—I have endeavoured in the narrative of these cases to bring out the individual points of interest in each.

AN INSTRUCTIVE CASE OF SPINAL CARIES.

By Dr. Gerard Smith.

The following case seems to me worth recording, if only as an instance of the ease with which errors of diagnosis may be made in cases of spinal caries, and such errors occurring in high places.

M.R., a girl aged 14, a large limbed, very fair, typically strumous child; not yet commenced menstruation; three months ago was noticed to be walking stiffly and in a jerky manner, and within two weeks lost all power of standing up without support; became an inmate of a large London hospital, and was there treated as a case of "hysterical paraplegia," being forced to move about, galvanised, and taking (of course) the usual *pot. brom.* varied with its opponent *strychnine*.

She was carried into the room, the mother saying that she shook all over and fell to the ground if an attempt was made to place her on her feet. This I found was the case; on the feet touching the ground most violent spasmodic twitching of all the muscles of the legs came on, which subsided into a long-continued tremor, like shivering from cold.

The patella reflex was greatly exaggerated, and ankle clonus strongly marked; the electrical reflexes were greatly exaggerated to all polar tests, a current which in the arm gave a very slight K. C. C. (kathodic closure contraction) and no visible contraction to the other less sensitive tests, gave with the legs a strong contraction to even the K. O. C. (kathodic opening contraction), which is the test, of course, least liable to produce contraction.

These symptoms, taken alone, indicated serious irritation of the motor roots of the spinal nerves, the sensation being also exalted the sensory roots were in the same position.

The spine showed no obvious deformity, but there was a deeper groove than normal over the lumbar spines, caused by the continued spasm of the erector muscles, which stood out as hard masses on either side of the spine, the child could sit quite upright, the dorsal spine being remarkably straight; and on the child making an attempt to bend forwards, the normal dorsal curve was seen to be obliterated; movement gave pain over

the front and sides of the abdomen, unless the child was prepared for moving when she instinctively stiffened the spine; no local tender spots could be detected over any vertebræ.

There can be little doubt that this is a case which has escaped angular deformity, and that there is present caries of the dorsal vertebræ over a considerable length, there is as yet no actual paralysis, but very probably the vertebræ are in an extremely dangerous state, and deformity might occur at any time very rapidly. The treatment commenced with immediate and absolute recumbency, to be continued until the symptoms of irritation shall subside.

37, Gloucester Place, W.

CONSULTATION DAY.—LONDON HOMŒOPATHIC HOSPITAL.

(Reported by Dr. Washington Epps).

Three more consultations have been held, on Fridays, January 19th and February 2nd and 16th. The attendance has been most encouraging, visitors coming from long distances. The material supplied for examination and discussion has been abundant and also most instructive and interesting, as the following report will show. Eighteen cases in all have been exhibited on the three days, and each has had some points of considerable interest, either in rarity, diagnosis or treatment.

Case I.—*Spasmodic torticollis.*

Dr. Geo. Clifton brought up from Leicester a young woman of 22 years, who had been suffering from spasmodic torticollis for six years. The patient was a tall, spare, delicate-looking woman; she had been weakly as an infant and had had scarlet fever followed by subacute rheumatism at five years of age, and measles twice. When five years old she also suffered from green-stick fracture of the clavicle. The family history was unsatisfactory. The father had a slight attack of paralysis and died of phthisis at 37. The mother suffered from chronic arthritis, and their other children were strumous.

At eighteen, when studying very closely for an examination, jerking of the head and a slight contraction of the neck were noticed. This condition had gradually

increased and was much aggravated by any exertion, or overstrain and when she became excited or nervous.

At the consultation, patient was seen to be suffering from marked torticollis, with contraction of the left sterno-mastoid and slight contraction of the right splenius capitis. There was also a distinct projection of the sixth and seventh cervical vertebræ, with slight lateral thickening. Also a great tendency to droop the head in successive jerks. All the functions of the body were regular and healthy.

Patient had been treated by a London specialist, who prescribed *valerianate of zinc* and *belladonna* internally, with belladonna ointment and blistering over the spine, but without any good effect. Of homœopathic remedies she had taken *calc. phosph.* 3 and 6, *cupr. acet.* 3x and 6, *zincum phosph.* 3x and *ignatia* 1x, with occasional relief. *Arnica*, *silicea*, *belladonna* and *phosphorus* had also been given, but without good effect.

The consultants were unanimous in their opinion that the symptoms were of neurotic origin and in no way due to bony growth or pressure, and the treatment they advised was Weir Mitchell feeding, massage, passive and resisting exercises, galvanism to the opposing muscles, and as remedies *cuprum*, *cicuta* and *gelsemium*.

Case II.—*A Case of Abdominal Tumour.*

Dr. Burford exhibited this case. The patient was a woman aged 52 years, who had a very large tumour, half filling the abdominal cavity. The appearance of the tumour was very peculiar. Over the front of the tumour were several coils of intestines which were apparently adherent to the growth. The walls of the abdomen being extremely thin, the peristaltic action in the adherent coils of intestines was most plainly visible and had a very curious appearance. In the left flank the tumour felt more solid and was somewhat tender. Dr. Burford considered the primary tumour of the dermoid variety, which had at some previous period set up inflammation and become adherent to the intestines. There were also several secondary cysts connected with the broad ligament. Dr. Burford did not advise any operative interference at present, but thought it would probably be necessary at some future time, and would be accompanied with considerable difficulty on account of extensive adhesions.

Case III.—*Synovitis of wrists, hands and fingers.*

Dr. Byres Moir exhibited this very interesting case, which showed the very satisfactory results obtainable with electrolysis.

The patient was a young woman of 21. The family history was good with one exception, an uncle suffered from rheumatic gout. The previous history was also good.

The present condition of the hands and fingers began when she was seventeen years old with swelling of both fore fingers, which gradually spread up to the elbows. At the first onset she was laid up for two or three weeks, the pain being very severe. At that time the pain used to come on about 3 a.m. and last severely for an hour and a half.

When first seen, there were large swellings on the back of both wrists, semi-fluctuating, swelling of both palms, which gave distinct crepitus on pressure, and swelling down to the tips of the fingers along the flexor tendons, but most marked at the joints. Both shoulders were stiff and painful.

Previous treatment.—Patient had been treated at the London Hospital and at Buxton. The swellings had been blistered and had been once punctured, but patient says nothing escaped.

Iodine, bryonia, apis, mercurius, sulphur and *arnica* had been given without result.

Electrolysis had been tried, five weeks before the consultation, to the back of the right wrist, three needles being used, and great improvement had taken place; the swelling in that hand and wrist having almost entirely disappeared.

Dr. Clifton recommended the internal use of *benzoic acid.* Dr. Moir said he would be glad to try it, but he was so satisfied with the result of the electrolysis, that he intended trying the latter on the other hand.

Case IV.—*Head-nodding and Nystagmus.*

Mr. Knox Shaw brought from his eye clinic a little girl, aged 7 years, with head-nodding and nystagmus, with a view of eliciting opinions as to treatment.

The child had been once to his clinic, and as the mother was ill, she was brought by an aunt, who was

not thoroughly conversant with the child's previous history.

The child had been attending ophthalmic hospitals off and on since she was three months old, and she appeared never to have seen clearly. There was no history of fits of any kind, nor did there seem to be any connection between teething and the present condition. Vision was evidently very imperfect, but the child was not sufficiently educated to make accurate observation possible.

The refraction was hyperopic, there was incessant head-nodding and vertical nystagmus, making ophthalmoscopic examination difficult. It was, however, clearly demonstrated that the optic discs were atrophied, and that there were distinct small patches of retinal atrophy scattered over the fundus.

In view of the possible influence of syphilis in the case, *merc. biniod.* was recommended.

(See Dr. Neatby's paper in the London Homœopathic Hospital Reports, vol. I., and Dr. Byres Moir's case in the February number of this *Review*).

Case V.—*Old dislocation of elbow.*

Dr. Roberson Day sent this lad to the consultation for diagnosis. It was a case of dislocation of the head of the radius outwards and upwards. As the displacement was of some months' duration no interference was advised.

Case VI.—*A swelling of the lower lip.*

This was a very interesting case of accidental vaccination on the lower lip in a young mother from her own child, which Dr. Blackley sent up from his skin clinic.

The infant was vaccinated on Jan. 4th with calf lymph. The arm, which had been poulticed, looked ulcerated, and was still discharging on the 19th. The mother, aged 22 years, had three fairly good cicatrices on her arm, from her primary vaccination in infancy. When seen on the 18th, there was much swelling of the left half of the lower lip, with an umbilicated vesicle. On the 19th the swelling had very much increased, superficial abrasion had taken the place of the vesicle, and there was considerable œdema of the cheek and some swelling and tenderness of the gland under the jaw. Without the

history it would have been most difficult to diagnose the lesion. By the 26th the lip was quite well.

Case VII.—*Epilepsy.*

Surgeon-Captain Deane brought up from Aldershot a lad of 8½ years, who had been suffering from epileptic fits for three and a half years.

The case was interesting on account of the very peculiar shape of the boy's cranium. The head appeared as if it had been compressed on the two parietal bones, so that the sagittal suture was raised into a prominent ridge, running from the frontal eminence to the occiput.

Previous history.—The birth was a difficult one, the patient having been delivered at eight months with instruments. Soon after birth it was noticed that the fontanelles and sutures were closed. Infancy and dentition were reported to have been normal. At five years of age he began to suffer from attacks of petit mal. The attacks soon increased in severity and were always followed by deep sleep. *Bromide of potassium* with *belladonna* was given, and the attacks ceased whilst they were continued. After a time the *bromide* was reduced in dose and then discontinued, when the attacks returned, occurring from one to six times a day.

The lad is fractious, cannot fix his attention, is inclined to be vicious, and has lost his natural sense of modesty. When asked a question, he does not appear to understand what is said. The attacks only last a few seconds; one occurred whilst the lad was in the hospital. In the middle of chattering and scribbling, he appeared to get angry, then he stared and his eyes became fixed and vacant, then he threw out his arms, and then his head dropped forward, and immediately the attack passed and he was himself again, and went on with his talking and scribbling.

The general opinion of the consultants was, that the boy's mind was affected, independently of the epilepsy. With reference to his general management, it was urged that he should be sent away from home for at least six months, and his education continued as practicable. *Cicuta* 3x, *cicutine* ½ a milligramme for a dose, *cannabis indica*, *stramonium* 3 and *aurum bromide* 3x gr. iii. ter die, were suggested as remedies. No operative measures seemed advisable.

Case VIII.—*A tumour of the neck.*

Dr. Roberson Day sent this little boy of four years to the consultation. The case was interesting from a diagnostic point. When the case was first seen, the tumour was the size of a small tangerine orange. The tumour was punctured, and sero-pus came away, and it had since gradually got smaller. The tumour was a simple cyst, though from its position it simulated a glandular abscess.

Case IX.—*A bilateral congenital hydrocele.*

Dr. Roberson Day also sent this case of double congenital hydrocele, which was most marked on the left side. The tumours were gradually disappearing under internal treatment with *apis* 3x. Tapping was advised, also circumcision as the child had a long tight prepuce, with a pin-point opening.

Case X.—*A case of lateral and slight angular curvature of the dorsal vertebræ*, from Dr. Neatby's clinic.

The patient was an ill-nourished lad of sixteen years, with a poor circulation. He had had repeated attacks of pleuro-pneumonia, but had never been tapped. There was no conspicuous deformity when viewed from the front, the measurements of the two sides of the chest below the axilla-line were equal; the abdomen was prominent. From behind a considerable spinal curvature was seen, chiefly in the dorsal region, with marked lordosis. The curve was both lateral and angular; the lateral curvature had its convexity to the left in the dorsal region, and the compensatory curve to the right in the lumbar region. There was also some rotation of the spine. The deformity was not reducible.

The question of interest in the case was that of its causation. There was a history of attacks of pleuro-pneumonia and pleurisy with effusion, but the thorax had never been tapped. The first of these attacks occurred when the patient was four years old. There had never been any spinal abscess and no evidence (beyond the curvature) of caries. There was very slight displacement of the heart, and very little difference in the physical signs of the two sides of the chest. In view of this, the deformity was thought to be due rather to rickets or caries than exclusively to contraction following pleural effusion, and no interference was thought advisable.

Case XI.—*Contraction of flexor tendons of the fingers.*

Dr. Cavendish Molson brought up this case from his clinic. The patient was a woman aged 40 years, a hop-picker. Last summer, whilst in the hop-gardens, an acute suppuration developed in the right thumb, which extended up the sheath of the flexor of the thumb into the forearm. At the Marylebone Infirmary incisions were made in the thenar eminence and in the lower third of the forearm, but the fingers were not extended upon a splint.

In the reparative process, contraction of the digital flexors ensued, and patient was now utterly unable to extend the fingers. Any forcible movement of them caused intense pain. Dr. Molson asked, "Might not the result have been better if the hand had been fixed on to a straight splint at the time the incisions were made?"

The treatment suggested was forcible extension under an anæsthetic and a straight splint. The intense pain was considered to be due to implication of some nerves in the cicatrices.

Case XII.—*Tuberculous laryngitis.*

This patient had been attending Mr. Dudley Wright's throat clinic since May, 1893. He was 38 years of age. There was a history of syphilis ten years ago, for which he received treatment for three years, and he had two healthy children.

The present illness came on nine months ago, with loss of voice and difficulty and pain in swallowing. He had had night sweats and loss of flesh. He had been treated by Dr. Molson who sent him to Mr. Dudley Wright.

When first seen by Mr. Wright, there was well-marked aphonia, pain on swallowing and regurgitation of fluids, and a good deal of cough with muco-purulent expectoration. There was well-marked ulceration of the posterior wall of the pharynx, which, on the right side, spread down to the arytenoid region and on to the false vocal cords. Both vocal cords were red and swollen. The edges of the ulceration were tuberculated in appearance, and some were covered with a yellowish cough.

The treatment was at first *arsen. iod.*, this was followed by *tuberculin*, but there was only slight improvement. In July, 1893, *kreasote* 1x ♏ii t.d.s. was first ordered, and it had been continued for the most part ever since, and the ulceration had gradually healed up and the voice returned. The left lung, which had showed some apical involvement, had also cleared.

Case XIII.—*A case of doubtful spinal caries.*

Mr. Dudley Wright also showed this young woman, who had been complaining for some months of pain in the cervical region and difficulty in holding the head up. There was also some slight prominence of the two last cervical spines, with tenderness on pressure. She had been taking *ars. iod.* and *calc. phosph.* but without manifest improvement.

The general opinion of the consultants was, that the case was only neurotic in origin, and they suggested *gelsem.* and *ignatia* as remedies.

Case XIV.—*A tubercular and rupial syphilide.*

This patient was also from Mr. Dudley Wright's clinic. She was a young woman who came to the hospital eight months previous, suffering from a secondary sore throat, followed in a short time by an erythematous rash. Two weeks ago a well-marked rupial and tubercular eruption appeared, which was almost entirely confined to the right half of the body. The treatment had been *mercurius, acid. nitr.*, and *kali iod.*

Case XV.—*Scirrhus of the breast.*

Dr. Eugene Cronin sent this woman up from Clapham for diagnosis and advice as to treatment.

In the left breast was a tumour the size of a small tangerine orange. It was very hard, almost stony in feel. The skin was adherent and slightly puckered over the tumour, which was, however, freely movable over the pectoral muscle. The nipple was very slightly drawn in, and the glands in the axilla could be just felt, showing therefore slight enlargement. The woman was about 48 years of age and was wasting.

The unanimous opinion of the consultants was that the tumour was a scirrhus, and should be removed at once. *Condurango* 1x. was suggested if the patient declined operation.

Case XVI.—*Extensive ganglion of the wrist,* from Dr. Neatby's clinic.

Patient was 21 years old and unmarried. Some twelve months or more previous to being first seen, patient in her work had to handle cold tins and was exposed to cold. A short time after this the joints of the fingers of the left hand became swollen and tender from synovitis. Following upon this a diffuse ganglion formed, which extended from the palm beneath the annular ligament to above the wrist. Fluctuation and the synovial creaking were easily felt, and the presence of "melon-seed bodies" detected.

Under a course of *rhus. tox.* and *sulphur*, in varying dilutions, principally high, extending over a period of twelve months, the synovitis of the fingers had entirely disappeared. *Benzoic acid* 3x was being administered for the ganglion.

There was no evidence of a rheumatic constitution or history. The disease was entirely confined to the left hand.

The case was specially interesting, in comparison with Dr. Moir's very similar case, exhibited at the previous consultation, in which both hands were affected, and in which marked improvement followed the application of electrolysis to the ganglion.

Case XVII.—*Sarcoma of the thigh.*

Mr. Knox Shaw exhibited this case in Hahnemann Ward. The patient was 26, a house-painter by trade. The family history was good.

Personal history.—In 1882 a small, round nodule, the size of a pea, was noticed just above the inner condyle of the right femur. It was very painful, and gradually increasing in size. In 1887 he knocked it and made it worse. In 1890 he slipped down a grating and scraped the skin off the tumour. Patient then went to University College Hospital, where the tumour was removed, and it was said to be an osteo-sarcoma. The thigh was at that time two inches smaller than the other. Three months later there was much pain in the leg, but no tumour could be felt. About four months later a tumour could be felt.

In January, 1893, patient came into the London Homœopathic Hospital under Mr. Knox Shaw, and the

tumour was removed for the second time. In March, 1893, it again recurred and was removed; and in July, 1893, the tumour recurred for the fourth time, and was again removed. By the end of August the leg had begun to swell, and soon after the tumour was again found to be growing.

At the consultation.—Patient's health was fair, but he had lost six pounds in weight since August. There was a large tumour on the inner aspect of the right thigh, extending nine inches upwards from the knee. Over the lower part of the tumour were two large bluish pulsating nodules, together forming a projection ten inches in circumference. There were some enlarged glands in the groin, which had existed with the previous tumours, and also three long cicatrices over the tumour from previous operations. The tumour appeared to be distinctly attached to the femur and adherent to the skin.

The tumour was diagnosed to be an osteo-sarcoma, and amputation of the limb advised. Amputation through the upper third of the femur was performed on Feb. 20th, and the patient has since made a good recovery. The tumour under microscopic examination proved to be a small-celled sarcoma.

Case XVIII.—*A case of right hemiplegia*, from Dr. Neatby's clinic.

The patient, a small boy of five years, was suffering from right hemiplegia. When fourteen months of age he fell from a table, striking, it is supposed, his head. He could both walk and talk a little before his fall; after the fall he is said to have been unconscious and "convulsive" for 24 hours. On regaining consciousness he was unable either to talk or walk, and did not regain power for a year or more. The right leg was somewhat atrophied and the extensors of the fore-arm weakened. The deep reflexes of the leg were exaggerated and the superficial reflexes diminished. The mental power was very deficient, and the patient was constantly subject to violent manifestations of passion.

There was no family or personal history which would throw light on the cause of the condition except the injury. The treatment suggested was the administration of *silicea*, but the prognosis was regarded as extremely unsatisfactory.

REVIEWS.

Psycopathia Sexualis, with especial reference to Contrary Sexual Instinct. A Medico-legal study. By Dr. R. Von Krafft-Eburg, Professor of Psychiatry, University of Vienna. Translated by Chas. Gilbert Chaddock, M.D., Professor of Nervous and Mental Diseases, St. Louis, Mo., U.S.A. Philadelphia and London: The F. A. Davis Co. 1893.

This is an octavo volume of over 400 pages, got up in the usual careful style of the F. A. Davis Company. As above stated, it is a translation of a work by Professor Krafft-Eburg, of Vienna. Much more is heard and possibly more is known of sexual aberrations on the Continent and in America than in England. Dr. Chaddock's translation contains a description of the physiology of the sexual system and of its pathology from the mental and moral sides. It will prove a useful work of reference for medical men having to deal with cases of perverted sexual instinct, and as "a medico-legal study." Some fifty pages are occupied with therapeutic measures, prominent among which are suggestion and hypnotism.

A Repertory, or Systematic Arrangement and Analysis of the Homœopathic Materia Medica. Chapter V.—Ears. Second Edition. By John W. Hayward, M.D. Hahnemann Publishing Society, 61, Shrewsbury Road, Birkenhead. London: Gould and Son, Moorgate Street. 1894.

On the occasion of the meeting of the Hahnemann Publishing Society at Northampton in September regret was expressed at the delay, which financial considerations alone had rendered inevitable, in the printing of the Chapter "Ear" of the *British Repertory*. Funds, however, have appeared, and consequently so has Chapter "Ear." The first edition was prepared by Dr. Dudgeon five-and-thirty years ago. Many new drugs have been proved since then, and much good and useful work has been done in the revision of old provings. In editing this chapter Dr. Hayward has diligently availed himself of both of these classes of research. As is stated in the preface, "it is an index to the symptoms in the *Cyclopædia of Drug Pathogenesy*, to those in Hahnemann's *Materia Medica Pura*, and to those in Hahnemann's *Chronic Diseases*. It is therefore tolerably complete, and it may be relied upon as referring to all the trustworthy symptoms hitherto collected,"

With this edition is reprinted the admirable *Introduction to the British Repertory*, written by the late Drs. Drysdale and Atkin, and published with the first part in 1859. The careful study of this essay will much lighten the labour of the practitioner in making the fullest possible use of the *Repertory*.

This *Repertory*, it must be remembered, differs from all others in exhibiting every symptom in its complete form each time that it is referred to. This is rendered possible by the use of the cypher; it is, however, only in the filling up of the symptom, in giving the conditions under which it occurs and its concomitants, that the cypher is used; everything else is presented in ordinary printing. Used by a practitioner familiar with the cypher, it is a work of the greatest value in assisting him to select the most homœopathic medicine to an individual case. Without such familiarity, it is still as useful a *Repertory* as any within our reach.

The labour and care which have been bestowed upon this edition in bringing it "up to date," and in excluding from its pages all doubtful and untrustworthy symptoms, have laid all English-speaking homœopathists under a lasting debt of gratitude to Dr. Hayward. We trust that he will see the acknowledgment of our obligations to him in the general and largely increased use of this result of his indefatigable zeal in furthering the more facile use of our enormous Materia Medica.

PERISCOPE.

MATERIA MEDICA.

Calcarea Carbonica.—A contributor to the *North American Journal of Homœopathy* recites as among respiratory symptoms indicating *calcarea*:—Nose dry at night, free discharge during the day. Old chronic catarrhs with this characteristic. In fact, a very good indication for *calc. c.* is dryness of mucous membranes at night with free perspiration, and in the daytime just the opposite condition, viz., dry skin and free discharge from mucous surfaces. The discharge from the nose may be clear and watery, or thick, purulent and offensive.

The chest symptoms are very important and show this same characteristic of change of source of secretion day and night.

Cough is dry at night from a tickling in the throat, but in morning cough gets loose with profuse, sweetish, or sourish, or offensive frothy or purulent expectoration in large masses. Cough stays loose all day and tightens up at night with perspiration reappearing. The cough is worse from dampness and exertion. Chest walls feel sore, and there are cutting pains from front to back under the scapula.

Apocynum Cannabinum as a Diuretic.—Dr. Mossa reports the following cases as illustrative of the diuretic action of *apocynum*:—

A girl who had suffered for eight months from dropsy,

probably of cardiac origin, had been under allopathic treatment, without result. She presented dyspnœa, the dorsal decubitus was impossible, œdema of the lower extremities and abdominal parietes, dry tongue, immoderate thirst, urine scanty, on percussion a dull sound and no respiratory murmur, in the lower portions of the lungs. Two to five drops of the tincture of *apocynum* were given in water, and of this a teaspoonful every three hours. In four weeks she had completely recovered. Though the diagnosis was not clearly outlined the result was good.

A man of sixty-four years, who, for several months, had suffered from dropsy in consequence of organic heart disease, which treatment did not seem to relieve, complained of severe dyspnœa and orthopnœa; while in the sitting position must be supported. His stomach was in such an irritable condition that he could not retain a swallow of cold water. His face was anxious, abdomen swollen and his urine entirely suppressed. Considerable œdema. *Apocynum* was given as in the preceding case, with a recovery in fourteen days. An old man of sixty-two years, after an attack of typhoid fever, suffered from ascites of the peritoneal cavity, with œdema of the skin. His abdomen was distended and painful. Pulse weak and irregular. His skin dry and desquamating. Urine highly coloured—red—and scanty. Micturition painful, breathing difficult. *Apocynum* cured. A boy of eight years, after scarlet fever, suffered from hydrothorax and œdema. His face, neck, thorax and limbs were swollen, he gasped for breath, was unable to speak, and only could answer by signs. Sensorium undisturbed. *Apocynum*. Recovery.

Two other cases of abdominal dropsy, after cessation of the menses, with congestion of the liver and the portal vein were also cured with the same remedy. Though he employed the tincture, the infusion is said to be more efficacious.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894. *(Hahnemannian Monthly).*

Atropine in Trigeminal Neuralgia.—Dr. Mossa was consulted by a woman of thirty-four years, who, as an innkeeper's wife, was subjected to sudden changes of temperature, varying from that of the kitchen to that of the cellar. She was blonde, slender, and of a vivacious temperament. For some time she had suffered from facial neuralgia, which would continue for hours or even days. Recently it had altered in character, for the pain was very violent of nights, with a sensation of weight on the vertex, as though the brain were pressed downwards, with a stitching pain in the left temple, which shot down through the ear into the upper lip. The left half of the face was sensitive, her mouth and throat

dry, while during the pain saliva poured out in a continuous stream. Chewing increased the pain, so that only fluids could be taken. Also a spasmodic and constrictive pain was felt in the stomach, and extending into the chest. The otherwise healthy woman, by loss of sleep from pain, had fallen into such an irritable state that the slightest noise disturbed her. Warmth relieved. Occasionally a chilly feeling would run over her. Her cheeks had lost their usual red colour, and she was pale and her skin cool to the touch. *Atropine*, 3x, was given, two drops in a teaspoonful of water, every three hours. That night she slept two hours. The pain gradually decreased —to disappear in two days. The cardialgia also left her. In neuralgic pains, without congestive phenomena, he preferred *atropine* to *belladonna*, for here the alkaloid is prompter in its action than the plant.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894.

Atropine in Morphine Poisoning.—Cruse (*Archiv für Kinderheilk.*, xvii., 1-2, 1893) describes the case of an infant a week old, who was accidentally poisoned by a grain of *morphine* administered as a lotion. The comatose condition which resulted was left untreated at first, and then for several hours remained unaffected by various treatments. Eventually the author administered *atropine* solution, giving ½ of a grain on two successive occasions at an interval of half an hour. Recovery immediately ensued, and was complete in 36 hours, other suitable treatment being also employed. The author calls attention to the relatively large doses which were administered without causing unpleasant symptoms.

Naja Hade Venom.—The bite of this serpent (otherwise known as Cleopatra's asp) is so fatal, that in Ceylon alone it is estimated that no fewer than 20,000 persons succumb annually to this cause. Graziani (*Rif. Med.*, October 7th, 1893) has undertaken a physiological study of the venom, which has already received attention at the hands of Calmette, Wall and Armstrong, Weir Mitchell, Reichardt, and others. The venom, when dried, appears as transparent scales, easily soluble in water, very slightly so in alcohol, ether or chloroform; its aqueous solution has an unpleasant odour, and is neutral to test paper. Chemically it gives all the tests described by Weir Mitchell and others as characteristic of the venom of naja tripudians. The physiological effects of this dried venom were tried on guinea-pigs, rabbits and frogs, to all of which it proved fatal in extremely minute doses. The guinea-pig, a few seconds after injection, becomes paralysed in its hind limbs, it foams

at the mouth, and makes violent attempts at vomiting. The eyes are half closed, but occasionally for short periods there is a partial disappearance of the paralysis, and the animal makes feeble attempts to support itself. Respiratory embarrassment is soon added to the foregoing symptoms, and the animal lies perfectly prone, devoting all its attention to breathing, which is rendered still more difficult by the vomiting and frothy saliva which is secreted in abundance. Finally death ensues from asphyxia. The *post-mortem* examination reveals the heart still feebly beating, the lungs pallid, and the blood in the organs very dark. The liver and kidneys are hyperæmic, but the brain and cord, with their coverings, are anæmic. In the rabbit the course of the poisoning is practically identical with that described above. Histologically, the following facts are made out in addition to the foregoing. The red blood corpuscles are in great measure broken down, and there are also effusions into the muscular tissues. The kidneys are very hyperæmic, and there is marked degeneration of the epithelium lining the glomeruli and convoluted tubules. The glomerular capsules are much distended, and the numerous leucocytes are discernible throughout the organ. The liver, also, is hyperæmic, and shows numerous broken-down blood corpuscles, and partial necrosis of many of the liver cells. Examination of the central nervous system reveals no particular changes. With regard to the nature of the venom, the author seems inclined to suspect, with Calmette, that it is an albumose, perhaps produced as the result of bacterial growth, but he adduces nothing new in support of this view.—*Brit. Med. Journal.*

Iodine.—In summarising a paper on *Iodine and its Preparation*, published by Dr. Goullon, of Wemmer, in the *Allgemeine Homöopathische Zeitung*, the *Hahnemann Monthly* (February, 1894) says that Dr. Goullon employs an attenuated preparation of the officinal salve of *iodine* in the treatment of goitre. Its application is only to be continued for eight to fourteen days when the further course is left to nature; the decrease will continue. *Iodide of potash* is the chief remedy in all inflammations with fibrinous exudates or deposits, and especially in croupous pneumonia. He claimed it to be an important remedy in crural ulcers which refuse to heal. Superficial ulcerations indicate it an analogue of nitric acid. In hoarseness from paralysis of the vocal cords it has done wonders, especially in conjunction with *hepar sulphur.*

Calcarea iodata acts specifically on the tonsils, and is indicated in chronic hypertrophy in scrofulous subjects. In purulent inflammation of the ear, with osseous or periosteal involvement, it renders service. It is always of value where

there is either manifest or latent scrofulosis, and prepares the organism for recovery.

Ferrum iodatum is recommended in ozæna of a scrofulous origin; if syphilitic, *kali bich.* or *aurum* will be better. It is also indicated where chlorosis and scrofulosis coexist. Inhalations of one to two drops of the tincture of *iodine* he has found useful in ozæna.

Mercurius iodatus ruber he praises in the catarrh of newborn children or those in the first weeks of life. It is best given in a mild salve and applied locally. It is also frequently used with success in diphtheria and deep and cancerous ulcerations. Deep and round ulcers in the uvula with great loss of substance. When the diphtheritic process extends over into the larynx, with croupous tone of voice, it is eminently indicated. Use material doses.

Iodide of ammonia as well as the *bromide of ammonia* is praised by some in colds and hoarseness, especially in chronic affections of this kind, in catarrhal consumption, and where there is a profuse watery secretion with nasal catarrh. The *bromide of ammonia* will calm cough and induce sleep, and though they seem indicated in croup he cannot recommend them.

Iodide of arsenic is valued too highly in tuberculous affections though in affections of the heart and respiratory organs, with asthmatic symptoms, it is a valuable remedy. From its influence on cancerous ulcers of the face and chronic crural ulcers it must have an anti-dyscrasic action. *Iodide of sulphur* he advises in chronic nasal affections, nasal hypertrophy and polypoid growths where the galvano-cautery is used by the old school. He recommends material doses.

MEDICINE.

Transitory Aphasia in Pneumonia.—*The British Medical Journal* (Jan. 18) gives the following abstract of an interesting communication on this condition by Chantemesse to *Bulletin et Mém. de la Soc. Méd.*, Dec. 22nd, 1893:—Chantemesse has observed more or less persistent aphasic phenomena in pneumonia, as in many infectious or toxic diseases. Some are due to structural lesions easily detectable —meningitis, softening, &c., while others cannot be ascribed to any such structural defects of the nerve centres. The latter class have a distinct clinical physiognomy, and usually occur at the end of the second or third day of the pneumonia. The aphasia is sudden in onset, but is often preceded by certain abnormal sensations in the head. Consciousness may not be lost, and the intellect may not be completely blunted;

but at other times the attack is a regular apoplectiform one. The aphasia is identical in character with that which results from lesions of the third frontal convulsion, and in the course of a few hours intelligence is sufficiently restored for the patient to indicate by gestures what he wishes to say. The lower part of the right side of the face is always paralysed, and the tongue deviates to the right; the right hemiplegia may be complete, but more often the paralysis is limited to the face, tongue, and superior extremity. Sensibility and the tendon reflexes are usually little altered, but vasomotor phenomena, consisting in redness, œdema, and often elevation of the temperature of the paralysed limbs, may be present. The paralytic accidents do not appear to modify the course of the pneumonia, nor has their disappearance any prognostic value as regards the termination of the pneumonia. The duration of aphasia is short, sometimes a few hours, sometimes four or five days or more. Sometimes 24 hours after the onset of complete aphasia speech is entirely recovered; the facial paralysis usually disappears with the aphasia, but complete hemiplegia, which is rare, is more persistent, and may be of several weeks' duration. Reasons for not considering the attacks hysterical are given, and they are contrasted with attacks of hysterical aphasia. In addition to other evidence against the structural nature of the lesion, a case is cited in which Berger found no changes in the brain of a patient with pneumonia who died five days after the onset of aphasia. Two hypotheses are considered as possibly accounting for the attacks; one is that they are due to the direct action of toxic microbes on the nerve centres, and the other is that contraction of the Sylvian artery and its branches is induced, with consequent disturbance of the circulation in connection with the nerve centres which this artery supplies. The author inclined to the latter view as being the probable explanation of the phenomena.

GYNÆCOLOGY.

"On the State of the Uterine Mucous Membrane in Cases of Myomata."—*Archiv für Gynäkologie*, 1893, Bd. XLIV., Heft II.—For the effective intra-uterine treatment of myomata, a correct knowledge of the concomitant condition of the uterine mucosa is of prime importance. The observations hitherto made on the co-related condition of the endometrium in myoma have been scant and contradictory, and at the suggestion of Professor Leopold a new series of investigations have been conducted by the author, relative to this point, on the wealth of material afforded by the Dresden Clinic.

Wyder's observations had led him to the conclusion that a glandular endometritis, or a hypertrophy of inter-glandular stroma respectively occurred as the myoma lay distant from or near to the uterine cavum. The more the neoplasm approached the endometrium, the rather would a connective tissue as against a glandular hypertrophy be induced. Hæmorrhage was absent so long as the glandular elements were alone affected, and occurred as the inter-glandular substance became involved in the inflammatory process. Resulting from these views, Wyder advocated curetting to arrest hæmorrhage in cases of subserous or interstitial myomata.

Schmal more recently had re-opened the investigation, and dissented from the view that endometritis occurred during the life history of myomata. He regarded the condition of the mucosa as one of general hypertrophy if the myoma was subserous, while in the interstitial submucous varieties the endometrium underwent atrophy over the tumour area only.

The author now gives us his results after a renewed enquiry, embracing the clinical and microscopic characters in twenty-three cases of myoma uteri, and which were operated on by Leopold. All sizes and varieties of uterine fibroids are included in this category, and the clinical history, together with the physical characters of the neoplasm, and the histology of various parts of the endometrium, are given in each case. The microscopy seems to have been conducted at considerable length and with much care.

The changes discovered in the structure of the endometrium in these cases of myoma vary within wide limits. There is obviously no characteristic alteration of the mucosa concomitant with the presence of these neoplasms, for the observed deviations from the normal comprise, in some cases, simple hypertrophy; in others, mild or severe inflammatory changes; in others, atrophy; and in others, again, some combination of these varieties. In one case there was noticed a commencing carcinomatous degeneration of the endometrium. Here we have all the usual lesions to which the uterine mucosa is subject, and the question as to the existence of any characteristic condition of the endometrium in cases of myoma must therefore be answered in a negative sense.

The author clearly distinguishes between the direct and the secondary effects due to the existence of a myoma in the uterus. Among the changes ensuing from direct pressure is an atrophy of the mucosa, the result of tension over an advancing submucous mass; or arising from irregular dis-

tortion of the cavum uteri in cases of multiple myomata. Cases exemplifying these conditions are cited, and the view of Wyder, that atrophy proceeds from a pre-existing chronic endometritis, is opposed on the ground of the frequent absence of histological proof.

Inflammatory changes in the endometrium, secondary to chronic disturbances of nutrition, arising from the presence of myomata, are classed as secondary effects, as are also the results of pressure upon uterine vessels and nerves. Endometritis is regarded as a secondary or contingent complication always; and its incidence seems to be nearly equal upon glandular elements as upon stroma.

Semb summarises his conclusions on this matter thus:—

"In cases of myomata the endometrium undergoes primarily a simple hypertrophy of gland elements alone, or of stroma also. In the later stages of the neoplasm, further secondary changes of this simple hypertrophy ensue, due to pressure or to inflammatory conditions. These alterations may almost efface the condition of hypertrophy originally existing."

Comparative observations showed that the histology of the mucosa lying over the tumour wall was, in the majority of cases, similar to that on the opposite side of the cavum uteri. The author considers his investigations tend to the conclusion that the changes in the mucosa are not worked by the myoma, but that both are due to a common cause, which engenders a hyperplasia in the endometrium, a diffuse hypertrophy or an isolated myoma in the musculature.

Of quite especial interest and import are the deductions of the author with regard to the connection between myomatous hæmorrhages and the concurrent endometrial changes. No causal relation appears to exist between any pathological alteration in the mucosa and the occurrence of bleeding in myoma uteri. Atrophy, hypertrophy, and endometritis are alike accompanied by hæmorrhages of a severe type, or by no perceptible increase of the flow normal to the patient. Even in those instances where scarcely any changes in the endometrium occur, the bleeding may be decidedly enhanced. Now the author explicitly states that in all the cases under observation where the normal flow was not increased, no hypertrophy of the uterine walls was present over and above the presence of the myomatous nodules. Considerable changes of every type had occurred in the mucosa in these cases, without any hæmorrhages ensuing. Conversely, in all the cases where bleeding was a notable symptom, the uterine walls apart from the myomata had undergone more or less considerable hypertrophy. And in the increased vascular supply to the hypertrophied uterine walls is to be detected the

most frequent cause of the accompanying hæmorrhages. Modifying conditions, developed in the late history of meomata, exist, such as the frequent enormous increase of the endometrial surface, and the "stanungshyperämie" due to the mechanical pressure of the tumour.

But the evidence clearly shows that the last word as to the connection between uterine myomata and concurrent uterine hæmorrhage has yet to be said.—*Manchester Medical Chronicle*, July, 1893. GEORGE BURFORD.

A WARNING.—After a three years' service in the Gynæcological department of the Jefferson Hospital, and after witnessing what we have at the operating table, in connection with the sad experience that attended our work in several instances with the electrode, we consider that the difficulties and uncertainties besetting gynæcological diagnosis are a bar to a very large extent to all forms of intra-uterine treatment. If, as pointed out, pathological conditions of such gross character are so difficult of proper recognition, how much more difficult is it, in the vast majority of cases, to diagnosticate a catarrhal, or even a suppurative salpingitis, where the presence of fluid material in the tube is limited to a few drops of pus or muco-pus, giving rise in many instances to but little, if any, distress, yet possessing all the latent properties of intense energy if its smouldering embers are but stirred into activity, as they often have been, by an irritant intra-uterine application.—JOHN M. FISHER, M.D., Chief of the Department for Diseases of Women in the Jefferson Medical College Hospital.—(*Therapeutic Gazette*, April 15, 1893.)

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

THE sixth meeting of the session was held at the College of Organists on Thursday evening, March 1st. Dr. Madden, Vice-President, in the chair.

Dr G. P. P. Richards, of 50, Coldharbour Lane, S.E., having been duly nominated was elected by ballot.

Dr. Burford showed a large ovarian tumour successfully removed.

Dr. Goldsbrough read notes of the post-mortem examination of a case of renal tumour of cystic origin, the patient having been shown at a clinical evening exactly a year before.

Mr. Knox Shaw showed a portion of a catheter removed from the bladder by median perineal cystotomy; also

specimen of periosteal sarcoma of the thigh for which amputation has been performed.

Mr. Dudley Wright showed a specimen of solid tumour of the superior maxilla, for which he had resected the superior maxillary bone.

Dr. Stonham (Ventnor) read a paper entitled "Notes on some Throat Remedies," He first discussed the remedies for tonsillitis, and endorsed the value of *baryta carb.* He found if improvement beginning under *merc. sol.* ceased, *hepar* started the improvement again. He believed in alternating *mercurius* and *hepar* at times.

In ulcerated throats with thick yellow slough accompanied with constitutional symptoms he found *phytolacca* useful.

For dry throats with tickling irritating cough, generally met with in athletes, he had derived most benefit from *cactus*, and next to that from *lachesis*. In the late epidemic of influenza where inflamed and ulcerated tonsils were an accompaniment *baptisia* acted efficiently. Dr. Stonham spoke very highly of the action of *mercurius cyanatus* in diphtheria; he always used it in the 30th potency. He entered fully into its special indications. He deplored the want of a good remedy for laryngeal diphtheria. He thought *kali bich.* the nearest similar.

THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

We have received a very satisfactory report of the above institution for 1893, the 14th year. The first annual report recorded 399 patients, with 2,621 attendances. The present report records 1,479 patients and 6,027 attendances—a remarkable increase, showing its great usefulness and the value set on the advice there given. The statistics for the year are as follows:—Medical and surgical cases, 557; ophthalmic, 796; dental, 65; patients visited at their homes, 61. Total number of patients, 1,479. Total number of attendances, 6,027. Mr. Knox Shaw has resigned the office of ophthalmic surgeon, and is succeeded by Dr. Lough. Dr. Croucher is the physician, Mr. Frank Shaw the surgeon, and Mr. Heaphy the dental surgeon. Mr. Knox Shaw becomes consulting ophthalmic surgeon.

NORTH OF ENGLAND CHILDREN'S SANATORIUM, SOUTHPORT.

We have received the thirty-third annual report (for 1893) of this valuable institution, founded by the late lamented Dr. Blumberg. A new wing was opened in February, 1893,

by the Countess of Crawford, greatly increasing the accommodation. During the year, 827 children have been treated in the sanatorium, being an increase of 176 upon the previous year. 405 cases were sent out quite well, 71 much improved, 287 improved, and 28 unimproved, with one death, 88 remained in the house at end of year. Of these 268 were sent by the Cotton Districts Convalescent Fund. A memorial cot in memory of Dr. Blumberg is to be endowed. The Hon. Medical Officers are Drs. Storrar and Henry Blumberg, and the Hon. Oculist Mr. Wood. The treatment is homœopathic, we need hardly add.

CROYDON HOMŒOPATHIC DISPENSARY.

Report for 1894.

The Dispensary was open four mornings in the week as usual. The number of patients under treatment was 1,241, while 4,224 attendances were recorded. This shows that the usefulness of the Dispensary is well maintained, and that the treatment is appreciated by a large number of the poor. T. E. Purdom, M.D., C.M., J. Delepine, M.B., C.M.

THE WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

The Eighteenth Annual Report of the Council of this Institution shows a large and most gratifying increase in the number of patients. The total number of attendances during 1893 having been 6,782, as against 3,968 in 1892. In addition to these, 718 visits were paid to patients at their homes. We regret to notice that the Birkenhead people do not support an institution doing so large an amount of philanthropic work, and one so largely and increasingly appreciated by those for whose benefit it has been established as it deserves to be. A subscription list of only £29 6s. in so wealthy a district is indeed trifling. We trust that some energy will be thrown into the work of obtaining help, and that Dr. Jones and Dr. Green, the medical officers, will, in the future, be more fully supported in carrying on their work.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY, BROMLEY, KENT.

We have received the Fifth Annual Report of the above Institute, which is very satisfactory. The report says :—

"The year 1893 has been a comparatively uneventful one in the history of the Hospital and Dispensary, but it will be readily observed from the medical report that their usefulness

has been fully maintained by an amount of work which compares very favourably with that of previous years.

"The number of in-patients treated during the year reached a total of 84, as against 71 in 1892; of these 64 were discharged cured, and nine more or less improved. Two fatal cases only occurred, and one of these was received too late to be benefited by treatment which might otherwise have been successful. 1,280 visits were paid to patients at their homes. There were 1,628 attendances at the dispensary, 325 new out-patients having availed themselves of the benefits of this branch of the institution. 29 operations were performed in the course of the year."

The Hon. Medical Officer is Dr. Madden; the Resident Medical Officer is Dr. H. Wynne Thomas; the Consulting Staff being Drs. Dyce Brown and Burford, and Mr. Knox Shaw.

BRITISH HOMŒOPATHIC CONGRESS.

The Congress will this year be held in London, on Thursday, June 28th. Full particulars will be duly announced in the circular to be issued in May.

BRITISH HOMŒOPATHIC SOCIETY.

We beg to remind our readers that the Hahnemann Dinner of the Society (the Jubilee year) will take place at the Criterion Restaurant, Piccadilly Circus, on Tuesday, April 10th, at 6.30, for 7 o'clock. Mr. Hugh Cameron in the chair.

We hope all colleagues will, if possible, make a point of attending.

LIST OF MEMBERS OF THE BRITISH HOMŒOPATHIC SOCIETY.

It is, perhaps, not generally known that this list, published as a supplement to the Transactions of the Society, can be had separately by any one not a member of the Society, price one shilling, from Messrs. Bale & Son, 106, Great Titchfield Street, London, W.

CONVALESCENT HOMES.

On the outskirts of Bournemouth two former staff-nurses of the London Homœopathic Hospital have taken a pleasant house, facing south, for the reception of convalescent or delicate children requiring special care or nursing. The

house is situated on the edge of the well-known Branksome Woods, on gravel soil, and it has a picturesque view of the sea. We believe nurses Mabel and Kathleen Waterman, who have opened this home, will thoroughly devote themselves to the interest and welfare of any children's cases committed to their charge. The address is Langdon House, Parkstone, Dorset.

In quite another neighbourhood we can cordially recommend a small country home for patients, requiring either rest or active nursing. At Upton, a quiet village, four miles from Birkenhead, two well-trained lady nurses have room for one or two "paying guests." The house is light and cheerful, stands in a good garden, with field attached, and the neighbourhood is healthy and "far from the madding crowd." Miss Beatrice Shaw (who is an excellent masseuse, by the way) will give enquirers any further information. We specially draw the attention of our Liverpool and Manchester friends to this convenient and comfortable resort. Address: Brookside, Upton, near Birkenhead.

THE PROPAGANDA OF HOMŒOPATHY IN LEEDS.

The following circular, together with a copy of the Annual Report of the revived Leeds Homœopathic Dispensary, and a reprint of an excellent paper by Dr. Ramsbotham, *On the Openmindedness of the Medical Profession to New Ideas*, published in the *Review*, in April, 1893, was circulated among medical men residing in Leeds and its neighbourhood on the 19th ult.

"Gentlemen,—After a period of suspended activity lasting for thirty-five years the Homœopathic Dispensary in this city has resumed its operations; and in so doing has for the first time within the knowledge of the present generation afforded an opportunity for the practical investigation in Leeds of the methods and results of what is commonly known by the name of Homœopathy.

"Those who have made such an investigation for themselves, and have conscientiously formed the opinion that the principles embodied under that title are not only true, but offer to the practitioners of medicine advantages in dealing with disease which result in direct benefit to their patients, have long felt that a closer acquaintance with these methods and results on the part of those who have not as yet given it their consideration would do much to break down the prejudice felt against it, modify the opposition offered to it, and pave the way for a better understanding between the

adherents of the older and the newer schools of thought in medicine.

"It is with this feeling that we bring under your notice the First Report of the working of the Institution, in the confidence that any investigation you may desire to make will be characterised by the same impartial spirit, dispassionate candour, and calm judgment which have distinguished your inquiries into other, even more novel, therapeutic methods.

"We are, Gentlemen,

"Faithfully yours,

"S. H. RAMSBOTHAM.
"H. G. STACEY.

"68, Great George St., Leeds,
"*March*, 1894."

AMERICAN NOTES.

THE editor of *The Medical Century*, of the 15th February, works himself up into a passion of considerable violence about what he terms the "Northampton Incident," the outcome of which, as usual in such cases, is a display of folly and ignorance, or professed ignorance, which would be discreditable in a Texan political newspaper, and is proportionately more so in a Chicago medical journal. "It has been supposed in America," says this veracious chronicler, "that the London Homœopathic Hospital School is a regularly conducted medical school." It is perfectly well known here that it never pretended to be anything of the kind. It has often been a matter of criticism by American colleagues visiting London, of whom the editor of *The Medical Century* was one, that it was not a regularly conducted medical college; that the only two branches of medical learning taught there were Materia Medica and practical medicine. Hence we have every reason to believe that in America it has been well known to have been a school where homœopathy alone was taught.

Then the writer, in vague enough terms it is true, but still in such as are sufficiently explicit to convey the absurd impression he evidently wishes to produce, states that Dr. Hughes, Dr. Dudgeon, Dr. Pope and Dr. Brown have recommended persons from this country for graduation by American colleges! It is quite unnecessary for us to assure our readers that neither of these gentlemen has done anything of the kind. These two utterly erroneous statements the editor of *The Medical Century* offers to Americans as constituting a "valid explanation" of the carelessness occasionally displayed by some colleges in granting degrees,

implied in Dr. Brown's statements at Northampton! They also form the groundwork of charges of "duplicity and deception" on the part of some British homœopathic physicians!

* * * * *

After the very sharp criticism to which the American Homœopathic Medical Colleges have, in one or two instances, exposed themselves of late, we have much pleasure in giving in full detail the course of medical education prescribed for candidates for the M.D. degree of Hahnemann Medical College, Philadelphia. We derive our information from the *Hahnemannian Monthly* (March):—

"The following schedule of subjects for each year has been carefully prepared, and is now distributed for the information of the profession and students. Experience may lead to some modifications of this plan, but no material change is likely to be made.

"*Studies of the Four Years' Graded Course.—First Year.*—History of Medicine; Medical Terminology; Biology—Botany — Zoölogy; Physics — Electricity; Inorganic Chemistry; Anatomy (osteology, syndesmology, myology and digestive organs) — Dissections; Physiology (circulation, respiration, digestion); Normal Histology—laboratory work; General Clinics.

"*Second Year.* — Organic Chemistry — laboratory work, urinary analysis, &c.; Anatomy, completed—Dissections; Physiology, completed, including embryology; Normal Histology—laboratory work; General Pathology; Materia Medica—Pharmacy—Toxicology; Institutes of Medicine: Minor Surgery—bandaging; General Clinics.

"*Third Year.* — Bacteriolgy: Pathological Histology: Surgical Anatomy; Surgery; Practical Surgery; Materia Medica—Drug Pathogenesy; Practice of Medicine; Physical Diagnosis; Obstetrics; Practical Obstetrics; Gynæcology; Ophthalmology—Otology—Laryngology; General Clinics.

"*Fourth Year.*—Materia Medica—Homœopathic Therapeutics; Practice of Medicine; Physical Diagnosis, including demonstrations; Dermatology; Syphilology; Neurology; Surgery; Obstetrics; Pædiatrics; Hygiene; Medical Jurisprudence; Special Clinics and Bedside Instruction.

"*Requirements for Admission.*—Each student will be required to present to the Dean, at the time of matriculation, the certificate of an accredited physician that he possesses a good moral character, and that he is otherwise qualified for the study of medicine. He must also present the diploma or certificate of a literary or scientific college, a high school or academy, as evidence of possessing the required educational

qualification. A student without such diploma or certificate, in order to matriculate and enter the first year of the four years' course, will be required to pass an examination as follows:

"1. English composition, by writing at the time of examination an essay of not less than 200 words, by which may be judged the writer's attainments in grammar, orthography and penmanship. 2. Arithmetic. 3. Latin, sufficient to show a fair comprehension of scientific terms and formulæ.

"Applicants for admission to the second year of the four years' course must exhibit evidence of having passed the branches of the first year, as taught in this College, in some scientific school giving a *preparatory medical course*, or in some accredited medical college, or else, in addition to the requirements for entering the first year, they must pass an examination in: 1. Botany. 2. Biology. 3. Physics. 4. Chemistry. 5. Anatomy. 6. Physiology, as far as taught in the first year of this College.

"College graduates in Arts or Science who, during their collegiate course studied Biology, Botany, Zoology, Physics, Chemistry, Histology, Anatomy and Physiology are admitted to the second year without an entrance examination.

"Graduates of Colleges of Pharmacy or Dentistry in good standing, may, upon presenting their diplomas, matriculate and enter the second year of this College.

"Students who have attended two or more annual terms in other accredited Medical Colleges must bring satisfactory certificates of qualification, or else pass the examinations of the corresponding terms in this College. They may then matriculate and be admitted to the final examination for the degree upon completing in this College the remaining term or terms of the required course.

"Graduates of Medical Colleges in good standing, in which two years' attendance is required, are admitted to the third year without examination—and graduates of Medical Colleges in which three years' attendance is required, are admitted to the fourth year without examination."

* * * * *

With the exception of the subjects for the preliminary examination, which are miserably inadequate for the education of a member of a learned profession, showing, as they do, but a trifling advance upon the amount of knowledge necessary for a child of 13 years of age to pass the fifth standard of an English Board School, the purely medical subjects of study are broad and extensive enough to give a man as thorough a knowledge of his profession as he can obtain in four years.

We trust that our colleagues will adhere to their syllabus in all cases, especially in those of Englishmen who know they are too incompetent to enable them to face examining boards at home. We remember once discussing the question of some financial frauds, with which the names of "Jim Fiske," "Jay Gould," and others were then associated, with a 'cute Yankee from Connecticut, and asking him how it came to pass that American law was not capable of stopping them. The answer was, "The laws of the United States, sir, are the best laws in the World; the trouble is, no one takes any notice of them." We have, however, every confidence that our friends in Philadelphia will abide by their laws.

* * * * *

In his opening address at the February meeting of the Boston Homœopathic Medical Society, the newly-elected President, Dr. W. L. Jackson, placed some very interesting statistics of the progress of homœopathy before the meeting. From a summary in the *Hahnemannian Monthly* (March) we make the following extracts :—

"'It is less than a century since Hahnemann formulated in *similia similibus curentur* the basic principle of homœopathy. It was thirty years—1825—before this revolution in medicine crossed the Atlantic from Germany to New York. It took thirteen years more—1838—for it to reach Boston, where it found friends and favouring conditions. Four years later, 1842, the genial autocrat announced that the whole thing was such an utterly absurd delusion that a single decade must sweep it from the face of the earth. The close of the first half century, 1846, found 40 successful practitioners of homœopathy in New England; in 1851 the directory showed 182 practitioners; 1861, 400; 1871, 700; 1881, 1,000; while at the present time there are at least 1,400 in the New England States alone, and 15,000 in this country.'"

In referring to the recent prediction of a dentist in this city, that homœopathy would be extinct in just forty years, Dr. Jackson presented these statistics :—

"In 1873 there were practising in Boston and accredited to the Massachusetts Medical Society, 349; Massachusetts Homœopathic Medical Society, 46. The proportion was 7.5 to 1.

"In 1883 the figures were: Massachusetts Medical Society, 421; Massachusetts Homœopathic Medical Society, 83. The proportion was 5 to 1.

"In 1893 the figures were: Massachusetts Medical Society, 538; Massachusetts Homœopathic Medical Society, 110. The proportion was 4.8 to 1.

"The increase in numbers of the old-school physicians

during the first decade was 20 per cent. During the same period the homœopathic school increased 30 per cent. During the second decade, 1883 to 1893, the percentage of increase in the old school was 27 per cent. and in homœopathy was 32 per cent. During the twenty years 1873 to 1893, allopaths increased 54 per cent. and homœopaths 189 per cent. In the Massachusetts State Census for 1885, the number of allopathic physicians and surgeons was given as 1722, and the number of homœopathic physicians and surgeons was 488, which is in the ratio of 3. 5 to 1.

President Jackson then said: "It (homœopathy) has been here nearly seventy years—long enough for the most popular delusion to be buried and forgotten. Twenty-five years ago there was no insane hospital under homœopathic care; now four States have each established and sustained a large hospital of this kind. There were few general hospitals which admitted homœopathic treatment; forty-five have since been erected, several with two hundred beds, while more than fifty special hospitals, as for consumptives, children, diseases of the eye, &c., exist to-day, making about one hundred hospitals, containing 6,711 beds, and which have treated in the past year 38,161 patients, and were never in so prosperous a condition as now. Last year fifty-six dispensaries treated 173,815 poor patients, with 510,431 prescriptions. Twenty-five years ago there were only two medical colleges which taught homœopathy; now there are eighteen well-established and successful institutions, which last year had in attendance 1,489 students, and have, since their foundation, graduated 9,868 physicians. Six homœopathic journals were then published; now there are thirty-six. Thirty State medical societies have been incorporated and are in successful operation, while more than 120 county and local societies exist. How, in the light of such facts and such a history of growth as we can show, anyone dares to predict our extinction seems strange, and we can only account for it by believing that the new prophet is unacquainted with his subject."

* * * * *

The American Institute of Homœopathy celebrates its Jubilee meeting at Denver, Colorado, in June. It is interesting to note that this also is the Jubilee year of the British Homœopathic Society, the corner-stone of which was laid at a dinner at Dr. Quin's in 1844, on the anniversary of Hahnemann's birthday. A dinner, at which we hope all the members of the Society will be present, will appropriately celebrate the fiftieth year of the Society's life. It is gratifying to know that never before was it more vigorous, its meetings more largely attended, or its transactions more useful than they are to-day.

MEDICAL EDUCATION IN THE UNITED STATES.

At the annual meeting of the Homœopathic Medical Society of the State of New York, held in February, the President devoted his annual address to the consideration of the subject of medical education. The *Hahnemannian Monthly*, March, gives the following as the substance of his remarks:—

"In the history of medical education in this country there are four distinct epochs. Three of these may be looked upon as advances, and one, which dates from 1768 to 1859, as the period of retrogression. Then, and for years after, there were poor laboratories, poor hospitals and poor equipments generally.

"The manufacture of commercial doctors from the diploma mills has about ceased, and we are having three first-class funerals of these institutions, unattended by mourners. Even a more rapid dissolution would be a public benefit, for so many medical schools are still a national calamity.

"In 1888 a very marked improvement in medical education was inaugurated by the American Institute of Homœopathy. At that time it was ordered that after the college sessions of 1890-91 each and all of the homœopathic schools of America shall require of their candidates for graduation at least three years of medical study, including three full courses of didactic and clerical instruction of at least six months each. Every one of our sixteen colleges at once complied with this resolution.

"The move our national organisation made in 1888 has borne good fruit, and to-day we clearly stand ahead of the other schools of medicine, as ten per cent. of their colleges still pursue antiquated methods and graduate their students on two short courses.

"The tendency now is to separate the licensing power from college teachers and vest it in an examining board appointed by the State. There are now in this country thirty-five such examining and licensing boards which guard the profession against the entrance of incompetent practitioners.

"This country is not in need of physicians, and if a few men were kept away from medical schools by increasing the standard, no harm would be done. If the standard were raised the courses of literary and medical study so changed as to allow young men to obtain the A.B. and M.D. degrees at 26 instead of 27 or 28, as at present, it would enable us to enroll our proportion of college men. The college reports show that upwards of ten per cent. of literary graduates actually become physicians. Now, what are the reasons that impel eight out of every nine educated men to embrace the study of theology

and law and but one medicine? It is true that in the latter profession it requires a longer period of service to become established than in either of the other colleges. But the practice of medicine is much more lucrative than that of theology or law, except to lawyers who become experts or leaders in their profession.

"The attorney, on the other hand, deals with commercial subjects, which, unless he exerts himself against the tendency, will degrade the finer moral qualities of his nature, while the practice of medicine tends to the cultivation of the most noble characteristics.

"In view of these facts one cannot understand why our profession attracts but ten per cent. of the best equipped students of this country.

"The medical profession have long neglected to secure to its institutions proper means of support as compared with either the theological or technological schools. At the present time all the medical colleges in this country combined have an endowment of but $1,421,214, while the theological have $17,599,979, and the technological $28,180,020.

"Men spend millions of dollars to widen canals and build railroads, but medicine, that noblest of all professions, has been neglected. The people of this country must be made to recognise the importance of medicine as a branch of knowledge. Our schools are not superfluous luxuries of civilisation, but vital conditions of prosperous people. Medical education should be made accessible to every son and daughter in the country. This the people should demand, for without it the sons of the poor, as gifted as those of the rich, will have no means to reach the positions for which Nature destined them, and education in the long run will become the privilege of wealth and rank.

"This would tend to widen more and more the breach between riches and poverty.

"To aid us in our efforts to inaugurate this fifth epoch in medical education, let us cling to methods which will find us together in professional unity, and make us stronger and better as a school of medicine."

VACCINATION.

A STRIKING illustration of the value of vaccination is afforded by the recent experience of the nurses at the Birmingham Workhouse and the Workhouse Infirmary. These two institutions are contiguous to the city small-pox hospital, and the guardians therefore deemed it prudent, on the recen outbreak of the small-pox epidemic, to have the nurse

vaccinated. Two of the nurses, one in the Workhouse and one in the Workhouse Infirmary, refused to submit to the operation. The one in the workhouse caught the disease and died about two months ago. The one in the Workhouse Infirmary was also seized, and her case ended fatally on Saturday morning. None of the nurses who were vaccinated have been affected.—*The Times*, March 20.

THE NEW ANTIDOTE TO MORPHINE POISONING.

Some interesting experiments with *permanganate of potassium* as an antidote to morphia, have been made lately at the New York Homœopathic College and Hospital, Sixty-third Street and Avenue A. Howard S. Neilson, who is a nephew of Dr. William Tod Helmuth, and was with his distinguished uncle at No. 298, Madison Avenue, and Oscar M. Meyer, of Astoria, are the experimenters. They are students at the college, and of course, they took every precaution to insure the accuracy of their tests, which were made in the physiological laboratory there. They followed the way pointed out by Dr. William Moore, of this city, who is not, however, known to either of them. Dr. Moore, as *The World* announced, had such confidence in *permanganate of potassium* as an antidote to *morphia* that he swallowed three grains of the narcotic.

Mr. Neilson and Mr. Meyer have experimented on six dogs of different breeds, weights and sizes. They usually injected the *morphia* hypodermically, for they found that when they administered it by the mouth, the dog vomited it. The dose of *morphia* varied between four and six grains—amounts sufficient, without an antidote, to kill any dog. The first symptom the experimenters observed after the *morphia* was given, was an increase of the pulse and respiration. Then the dogs seemed to sweat a great deal. Water dripped copiously from their tongues, which are, with them, organs of transpiration. That symptom was worth noting, for *morphia* usually suppresses the secretions. Then the dogs vomited. Then narcotic stupor came on, grew deeper and deeper, until, after a period varying from ten minutes to an hour after the injection of the *morphia*, the dog was absolutely senseless, no excitation could arouse him. Early in this stupor the legs of some of the dogs twitched and jerked as often do the legs of opium smokers.

When the stupor was most profound, Mr. Neilson and Mr. Meyer administered a solution of *permanganate of potassium* to their subjects. They gave the *permanganate* in the proportion of one and one-third grains to one grain of

morphia. They gave two-thirds of each dose of *permanganate* by the dog's mouth and one-third by injection under his skin, until their experiments yesterday, when they gave all the *permanganate* by the mouth. In from two to ten minutes after the administration of the *permanganate*, the dogs began to come up from their deep stupor. They grew excited, they "flopped around" in their efforts to rise, being still too weak to get on their feet. Then they fell asleep again, but were easily aroused. Gradually they recovered their senses and their power of locomotion, although they remained very weak for some time. The dogs were all kept under observation until there was no chance of death from *morphia* poisoning. Not one of them died. Four perfectly recovered. The two that were experimented on yesterday are still kept in confinement for observation.

One of the two last was a bright little beast with collie blood in him. He was highly nervous and excited. Four grains of *morphia* were injected into him hypodermically. Ten minutes passed and he was stretched out on the floor, seemingly lifeless. A lighted candle was placed so close to his eyes that its flame singed his eyelashes, but he did not wink. The pupils of his eyes were slightly contracted, but not to the degree seen in opium poisoning in human beings, whose pupils decrease to the size of pin-heads, When the little dog was picked up and replaced on the floor he rolled over like a log in the direction to which most of his weight tended. He was pricked with a pin, but he did not feel it.

Half an hour passed and the animal's respiration was slow and labored. His heart was beating at one-third less than its normal rate. He seemed about to die when the experimenters gave him five and a third grains of *permanganate of potassium* by the mouth. The *permanganate* acted quicker than the *morphia.* In five miuutes after he got it the dog feebly raised its head and tried ineffectually to get on his feet. In fifteen minutes he was running around the room highly excited. Mr. Neilson said last night that he could not yet tell whether the animal had completely recovered. He had the dog locked up in the laboratory.

Mr. Neilson would not venture an opinion as to the physiological antagonism between *permanganate of potassium* and *morphia.*

Since Dr. Moore's experiment upon himself various physicians have stated that the use of *permanganate of potassium* in *opium* poisoning is an old one. A well-read medical man told the reporter yesterday that he had never seen such a use of the *permanganate* described in the toxicologies. *permanganate of potassium* is chiefly used in surgery as an

antiseptic. Wounds are washed in a mild solution of it, which has a most beautiful purple colour. This same medical man said that *opium*—or *morphia*, the alkaloid of *opium*—depresses the action of the heart and respiration. In these experiments of Mr. Neilson and Mr. Meyer the narcotic was injected almost directly into the circulation, while the *permanganate* was given by the mouth, and reached the blood by way of the stomach. The reporter's informant said that this would go to prove that the *permanganate* has a powerful stimulating effect upon the heart and in the respiration, else it could not so quickly counteract the depression caused by the *morphia* which had acted more directly.—*Hahnemannian Monthly*, March.

THE PROTECTIVE INFLUENCE OF VACCINATION.

The statement of facts set forth in the report of the medical superintendent of the hospital ships is worthy of being put on record. It is strongly corroborative of previously recorded experience as to the protective influence of vaccination in safeguarding nurses and members of the staff of small pox hospitals against an attack, and more especially a fatal attack, of that disease. Of 1,201 persons employed on the staff of the hospital ships during the years 1884 to 1892, only 6, or half per cent., contracted small pox, and all of those attacked recovered.—*Lancet.*

HEATED CABS AND THEIR DANGERS.

Many English visitors to Paris who have occasion to utilise the cabs labelled chauffée, which abound in its streets at this period of the year, are loud in their denunciations of London cab owners, who neglect this provision for the comfort of their fares. Such critics little dream of the danger incurred in remaining shut up in these poison traps during a course. Professor Bronardel relates the two following histories of accidents that happened from this cause, on the same day (December 31st, 1893) to a cabman and a medical practitioner. The former fell asleep in his heated cab, after having carefully closed the windows. Half an hour after, he was taken out dead, and *post-mortem* examination at the Morgue revealed carbonic oxide poisoning as the cause of the catastrophe. On the other hand, the practitioner had re-entered his heated and closed carriage after an absence of an hour at a consultation. After a drive of five minutes he was seized with giddiness, nausea, and a degree of muscular loss

of power that rendered the throwing open of the carriage windows a matter of extreme difficulty. He suffered from the effects of this carbonic acid poisoning for ten further days. In the course of the discussion that ensued, M. Moissau stated that this danger was not limited to the briquettes of public vehicles, but extended to nearly all the household heating apparatus. The joints of these apparatuses were mostly composed of glazed earthenware, which, under the influence of the heat, soon cracked, and allowed the carbonic oxide gas to escape. He said that non-fatal accidents were very common, and he knew many people who complained every winter of malaise, which disappeared in summer with the exit of the determining cause—the deadly briquette of the comfortable (?) Paris heated cab. The Academy of Medicine decided to submit the question to its sanitary section, which will report thereon at the next meeting.

HYPODERMIC ADMINISTRATION OF MEDICINE.

In the *British Journal of Homœopathy*, vol. xxv., appears the translation of a paper by the late Dr. Kafka, of Prague, illustrating the advantages of *The Subcutaneous Injection of Homœopathic Medicines*. Striking as were the effects produced by the injection of infinitesimal doses of *arsenic* in one case, and of *cicuta virosa* in another, under Dr. Kafka's management, this method of administering homœopathically indicated medicines did not seem to find favour with the profession. We have, indeed, heard nothing more of it, until lately the *Hahnemannian Monthly*, in making an abstract of a paper by Dr. Neuschafer, stated that he has experimented with homœopathic drugs hypodermically. The first patient was a scrofulous girl of nine years, who was covered with ulcerating patches, scattered here and there over her whole body, and secreting a stinking pus, so that the dressing had to be changed two or three times within twenty-four hours. She received three drops of tincture of *thuya* in water, by hypodermic injection into the back. The next morning he found that she had slept well the entire night, the ulcerating surfaces had remained dry, and the child felt quite well. Since then he had treated a large number of patients with scrofulous eye diseases, with favourable results, by subcutaneous injections of the indicated remedy. In a case of grave diphtheritis, with laryngeal complications, he injected *mercurius cyanatus* 30x hypodermically. There was danger of suffocation, and a tracheotomy seemed indicated. Before midnight the child had had a hard struggle for air, after midnight it slept quietly, and awakened much refreshed. In

the morning the temperature had gone down and respiration was easy. In eight days she was able to walk to school, a quarter of a mile away, on a cold, wintry day. This was his first case. Since then he has treated nineteen cases of diphtheria without a single fatal case, while in a neighbouring city 50 per cent died. In Frankfort he has treated 65 cases thus, with a death rate of 8 cases. The first was a scrofulous child, without any power of resistance. The second was a septic case that infected the mother, who also escaped with great difficulty. The third recovered, but after exposure perished from an infectious nephritis. Recently, instead of the 30th, he employes the 5th potency, as it is more reliable. After injection the temperature falls, sleep follows, &c. Simultaneously he gives the *cyanide* with the *chlorate of potash*, internally, every two hours. Eight days generally suffice for a cure. If fever sets in, the membrane persist, or the larynx be attacked, a second injection may be given. In very grave cases *bromide water* 1 : 1000, or *kali fluoricum* may be also given, every 15 minutes to half-hour. He also employes cold applications around the patient's neck, to the abdomen, and cold, wet stockings to the patient's feet. Cover these with dry cloths.—*Allgemeine Homœopathische Zeitung*, Nos. 1-2, 1894.

THE NUMBERS OF THE PROFESSION.

The Medical Directory for 1894, now published, gives the following as the numbers of the medical profession for the year 1894. In London, 5,590; in the provinces, including Wales, 14,897; in Scotland, 3,107; in Ireland, 2,485; registered practitioners resident abroad, 3,209; naval, military and Indian medical services (excluding those who appear also in other lists) 2,426; "too late" list—additional names, 58. The total number of practitioners in the *Directory* for 1894 is 31,772, as against 30,759 in the previous year. This shows an increase in the twelve months of 1,013. The obituary list, which seems to be wonderfully complete, gives the deaths as 689. The above figures give one medical practitioner in London for every 750 of the population; in the Provinces, one in 1,650; in Scotland, one in 1,300; in Ireland, one in 1,900; and in the United Kingdom generally, one in 1,450.—*Lancet.*

ANTISEPTICS.

The New York Medical Times informs us that—"The investigations of Drs. Abbott and McCormick, of the Johns Hopkins University, show that a solution containing seven per cent. of acetic acid is more effective as a germicide than bichloride of mercury."

OBITUARY.

JAMES WALKER, M.A., M.B., C.M., Aberd.

It is with deep regret that we have to record the death of Dr. James Walker, of Aberdeen. On account of his long illness he was little known in the profession except to his old friends. But at one time he promised to take a very leading position in the world of medical science and homœopathy. He was educated at the University of Aberdeen, where he took his degree of M.A., and subsequently the degrees of M.B. and C.M. These he gained with highest honours, and in all his classes at the University he took the highest place. When a medical student, he attended the Aberdeen General Dispensary for a year, six months' course there being required of all students in addition to hospital practice. There he was a pupil of Dr. Dyce Brown, under whose guidance he became acquainted with homœopathy. After acting as *locum tenens* to the late Mr. Millin, of Worcester, and others, he was appointed house surgeon to the London Homœopathic Hospital, where he was universally esteemed for his high scientific acquirements, and beloved for his charming personal qualities. His zeal in his profession, and his carelessness of his own safety, resulted in his having several *post-mortem* wounds, the last of which completely undermined his health. After a considerable time, however, of rest at home, he so far recovered as to take up Dr. Dyce Brown's practice, when the latter moved to London. But his health began to give way again, and he had, reluctantly, ultimately to give up work, and live the life of an invalid. He was not only trusted professionally by his patients to an extraordinary degree, but they became his personal friends, and would do anything for him. Seldom does a doctor get such a thorough and entire hold, in the best sense, of his patients, who really loved him, and great was the regret when he had to cease seeing any one, even in his rooms. Though practising homœopathy, his allopathic brethren were not only his personal friends, but frequently referred to him for help in pathological and microscopical examinations, in which he was universally looked upon as an authority. Had he been spared for health and work, there is no doubt he would have made his name, not only as a successful practitioner, but as a man of science. Not only in medical science was he *au fait*, but also in general science and in literature. In fact, if ever there was an "all round" man, it was Dr. Walker. That this valuable life should have been thus blighted by illness generated by scientific work, is a matter of the profoundest regret to us as homœopaths, and for the world at large. He died on the 3rd of March, from exhaustion. We cannot

refrain from quoting the following extract from the *Aberdeen Free Press*, as showing how our opinion was borne out by his fellow townsmen :—

"The death of Dr. James Walker, which occurred at Balmoral Terrace, Aberdeen, has deprived the medical profession of our city of one who was looked upon by many as likely to take a position of unusual distinction in the scientific world. In the early "seventies" he attracted the notice of his teachers and of fellow-students in the medical classes of the University of Aberdeen as a young man of extraordinary mental capacity. He rarely if ever seemed to take a note or memorandum of the lectures or classes he was attending, sitting as a rule absorbed and seemingly inattentive; yet, at the conclusion of each course, James Walker was certain to be found the first man of his year, or next to it. His memory was retentive beyond all ordinary degrees, and of course his diplomas in medicine and surgery were taken 'with highest honours.' After graduation, he proceeded to London, and occupied himself with the study of pathology, attracting the attention of those around him as being a young man of extreme brilliancy and of the highest promise. But his prospects were suddenly destroyed by an unfortunate poisoned wound received in prosecuting his investigations. He was one of those who are extremely susceptible to this infection, and his whole life was changed and his prospects shattered by this misfortune. It induced a series of persistent and perpetual attacks of gall-stones, which unfitted him for practice or study such as he had been aiming at, and compelled him, in spite of brave efforts, to lead the life of an invalid. Dr. Walker succeeded Dr. Dyce Brown when he quitted his professional work in Aberdeen to remove to London, and for some years occupied the house in Union Street that had been held by Dr. A. Vans Best when he was engaged in following his profession in Aberdeen after his return from abroad. But his illness was fatal to his prospects of success, and for many years before his death he had withdrawn from active life. Those who knew him were well aware of the great talents he possessed, and lamented his inability to make use of them. He was one of the most accomplished—probably the most accomplished—histologist that Aberdeen ever possessed, and some, at least, of his professional brethren who survive, have been indebted to him for kindly help and information in carrying out microscopical investigation. It would have been sad in anyone to see so much talent destroyed and rendered barren by so lamentable a misfortune; and in Dr. Walker it was especially touching to see how patiently and heroically he bore the long and agonising illness that had shattered his promising career, and rendered so hopeless his blameless life."

CORRESPONDENCE.

THE NEW HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—We are asked to send our names to the new *Homœopathic Directory*. Before doing so, it might be well to inquire, (1) Will the *Directory* contain exclusively the names of practitioners who are registered according to law? (2) Will the names of those who habitually practise Matteism —falsely called electro-homœopathy—be inserted?

Yours truly,

MEDICUS.

LEICESTER SMALL-POX AND VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—With reference to the paragraph which you publish in this month's issue of the *Review* concerning the recent outbreak of small-pox in relation to vaccination at Leicester, I remark that the tone of adverse pro-vaccinal criticism is now quite respectable, and moreover quite mild, compared with that of two or three years ago—say, for instance, when Dr. G. Johnson, F.R.S., in an address delivered at King's College, London, observed: "It is as certain as the sun will rise to-morrow, that at no distant period small-pox will invade the town of Leicester, and as a result there will be such a massacre of the innocents—innocent victims of parental ignorance and prejudice—as will probably carry conviction to that eccentric member of the House of Commons who lately had the assurance to ask for an inquiry into the practice of vaccination." No less a person than Dr. G. Johnson, F.R.S.! Well, according to the latest advices, Leicester is now quite free from small-pox. We were told that the disease when it did visit the town of Leicester, "would spread like wildfire," but it has not, and men, women and even children are still to be seen alive in that great centre of revolt against vaccinal tyranny. This is the real story as to Leicester, granting for the moment that all the small-pox cases are genuine ones:—In sixteen months there have been in all less than 800 cases of small-pox, or fewer by about 50 than the actual *deaths* in the epidemic year 1872, when Leicester was a well-vaccinated city. Do what they will, our opponents cannot wriggle out of the facts about Leicester,

and the comparison with Warrington, Sheffield, Manchester, and other well-vaccinated centres, only enforces the lesson. Sanitation without vaccination is a success, vaccination without sanitation is a failure. Moral obvious.

As to the cases of unvaccinated small-pox said to be reported by the chairman of the Leicester Sanitary Committee, you are perhaps not aware that the doctors classify by a method which is totally different to that by which the vaccination of children is determined. Small-pox is a skin disease. The worse it is, the more the skin is affected. And in the worse cases the vaccination marks do not show. Thus a person may be brought into the hospital who has been registered in the books of some vaccination officer as "successfully vaccinated," and yet because there was small-pox covering up the marks of this vaccination, the person will be by the small-pox hospital doctor classed as either "unvaccinated" or as "imperfectly vaccinated, no marks."

Several of the "unvaccinated" at Sheffield were little mites, who were born of mothers who had been vaccinated, and had the small-pox at the time the children were born; and yet these children were classed as "unvaccinated. Fourty-four of the Sheffield "unvaccinated" are described by words beginning "vaccinated." But as it goes on to say, too early, or too late, or too little, &c., they were dismissed from the vaccinated. But in no case have the authorities attempted to check the hospital classification by the vaccination officer's book.

Then, too, errors in diagnosis occur to an alarming entent —cases of chicken pox and the symptoms of other diseases are frequently ascribed to small-pox. In answer to a question put in the House of Commons, Mr. H. Fowler, on March 20th, 1893, said that of 462 cases admitted into the hospitals of the Metropolitan Asylums Board in 1891 "in 450 of those cases admission was granted upon certificates which were afterwards found to have been incorrect." This official admission of medical error in diagnosis is as significant as it is suggestive.

Will you have the kindness to lend me your valuable assistance in making the foregoing particulars known.

Believe me, Sir,

Yours faithfully,

JOSEPH COLLINSON,

Front Street, Wolsingham,

Co. Durham, March 4th, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays and Thursdays, 2.30; Diseases of Women, Tuesdays and Fridays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Dentist, Mondays, 2.30; Operations, Mondays, 2; Diseases of the Throat, Mondays, 2.30.

We regret that in our last issue we made a mistake in stating that Mr. KNOX SHAW had resigned his post of Ophthalmic Surgeon to the Buchanan Hospital. It is the Hastings and St. Leonards Dispensary that he has resigned, and has been appointed Consulting Ophthalmic Surgeon to it.

The Lady Graduate, of Cleveland, requests us to state that the "Certificate," as Dr. T. P. Wilson called it, of the post-graduate course which she received, is styled on the parchment, a "Diploma," and is sealed with the College Seal, and signed by the College Authorities.

Communications have been received from Dr. E. T. BLAKE, Dr. WASHINGTON EPPS, Dr. E. HERRING, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Miss H. CARMAN (London); Dr. HAYWARD, Dr. THEODORE GREAR (Birkenhead); Dr. BERNARD THOMAS (Liverpool); Dr. RAMSBOTHAM (Leeds); Mr. WILKINSON (Bolton); Dr. W. LAMB (Dunedin, New Zealand).

BOOKS RECEIVED.

The Fifth Annual Report (1893) *of the Phillips Memorial Hospital and Dispensary, Bromley, Kent.—Fourteenth Annual Report of the Hastings and St. Leonards Homœopathic Dispensary.* 1893.—*Report for* 1893 *of the North of England Children's Sanatorium, Southport.—Statistics, National Homœopathic Hospital, Mexico.* 1893.—*The Homœopathic World.* London. March.—*Medical Reprints.* London. March.—*The Monthly Magazine of Pharmacy.* London. March.—*The Chemist and Druggist.* London. March.—*The District Times.* Feb. 23. Bromley, Kent.—*The Journal of Orificial Surgery.* Chicago. Feb.—*The North American Journal of Homœopathy.* New York. March.—*The New York Medical Times.* March.—*The Hahnemannian Monthly.* Philadelphia. March.—*The Homœopathic Recorder.* Philadelphia. Feb.—*The Minneapolis Homœopathic Magazine.* Feb.—*The Chironian.* New York.—*The New York Medical Record.* Feb. and March.—*The Homœopathic Physician.* Philadelphia. March.—*The Medical Century.* Chicago. Feb. and March.—*The Medical Advance.* Chicago. Jan.—*The Homœopathic Envoy.* Lancaster, U.S.A. March.—*The Southern Journal of Homœopathy.* Baltimore. Feb.—*The Calcutta Journal of Medicine.* Feb.—*Journal Belge d'Homœopathie.* Brussels. Feb.—*Bulletin Générale de Therapeutique.* Paris. March.—*Revue Homœopathique Française.* Paris. Feb.—*Leipziger Populare Zeitschrift für Homöopathie.* March.—*Archiv. für Homöopathie.* Dresden. Feb.—*La Homeopathica.* Mexico. Feb.—*Homœopathische Maandblad.* The Hague. March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY HOMŒOPATHIC REVIEW.

—:o:—

THE BRITISH HOMŒOPATHIC SOCIETY.

Our metropolitan Medical Society has within the last few days celebrated the fiftieth anniversary of its foundation, doing so upon the one hundred and thirty-ninth anniversary of the birth of the founder of the therapeutic method it was established to sustain, develop and propagate a knowledge of. At the dinner at which it was inaugurated, the members of the Society were eight in number, when its jubilee dinner was held the members numbered upwards of two hundred.

Of the advantages afforded by a society of medical men formed to cultivate therapeutics, to sustain the dignity of the profession of medicine, to protect its members against any attempted infringement of their rights as members of that profession, it is needless to write. Advantages of this kind are obvious to all. To those who practise homœopathy such a society is of inestimable importance. The therapeutic doctrine enshrined in homœopathy is, from a popular point of view, novel. As an acknowledged and elaborated basis of drug selection it was absolutely new a century ago. The method of putting this doctrine into practice, taught by Hahnemann, led to the adoption of measures that, being entirely opposed to much, if not all, that had previously been regarded as therapeutically essential to the successful treatment of disease, gave to it an air of singularity.

To advocate that which is novel, that which is singular, has an attraction for some persons which appears to be irresistible, while some there are who regard the adoption of that which, to the sick public, is new, and something which differs widely in treatment from anything they have been accustomed to, as not improbable to turn out to be pecuniarily advantageous. Hence there was in the early history of homœopathy, particularly when the ordinary therapeutic methods of the time were so painful, exhausting and unsuccessful, always a danger of homœopathy being taken up, as it is termed, by unqualified men, and unworthy members of the profession, not from a knowledge of its principles, not from a desire to do increased good to the sick, but solely from mercenary motives.

The determination to secure, if possible, that the accredited representatives of homœopathy should be confined to duly qualified members of the profession, and not only so, but that they should be strictly honourable and worthy members of that profession, that no representative of homœopathy should give way to unprofessional conduct or indulge in discreditable methods for obtaining practice was the first object that the late Dr. QUIN had in view when he founded the Society in 1844.

It is true that in the case of homœopathy there was perhaps less need for the restraints of a well-ordered professional society to protect it from the advocacy of unworthy men, to prevent it from being adopted from unworthy motives, than might have been supposed. The persecution which followed anyone proclaiming his faith in homœopathy, the professional disabilities to which he was at once subjected, the insults which men showered upon him, the calumnies to which he was exposed, constituted a very adequate security that no one would espouse a cause which promised to blight his prospects, to make life so unpleasant, who was not thoroughly convinced of the truth of the doctrine, and the superior power over the course of disease which its practical application afforded him.

On the other hand, it is equally true that the temptation, and more than temptation, the excuse, which the coarse, the often malignant and personally injurious opposition individual practitioners of homœopathy had,

and even now occasionally have, to encounter from individual members of the other side of the profession, afforded them for retaliation in kind, required the support and advice of professional brethren similarly situated to enable them resist and honourably to refuse to yield to.

Not only are the professional restraints of a society desirable for such purposes, but a society provides inducements to study, to engage in researches, and one affording opportunities for the discussion of such study and research, is still more necessary for the healthy and sound development of a therapeutic doctrine and of its application to practice.

To make provision of this kind was the second object Dr. QUIN contemplated in organising the British Homœopathic Society.

In addition to the scientific and ethical advantages which a well-ordered professional society presents, the intercourse it fosters and encourages between professional brethren, the opportunities it supplies for them to take counsel one with another in professional difficulties, the sympathy and support which are thus obtained are of incalculable value in smoothing the rough path of life. The comfort which can thus be drawn from a society, and the need for it, were feelingly expressed by Dr. QUIN at the first Annual Assembly on the 26th of August, 1846., when in the course of his presidential address he said:—

"It is easier to imagine than to describe the feelings which fill my breast on now looking around, when I recall to mind that in 1827 I stood alone in England, the advocate of Hahnemann's doctrine, the only practitioner of his system of medicine, the sole champion of homœopathy, when his name and his great discoveries were unknown, or, if known at all, the subject of far different obloquy and vituperation than they meet with at the present day. Isolated from all my medical brethren, listened to with suspicion, looked upon with coolness by my early professional friends, exposed constantly to the shafts of ridicule, to illiberal misrepresentation and to the severest and most bitter censure, with no one to consult or to share with me the responsibility of the treatment of diseases of a dangerous tendency or doubtful issue, and unassisted except by the strength of my convictions, and the consciousness of being in possession of means to effect more good to the sick entrusted to my care than I could accomplish by the practice previously followed by me. You can hardly understand with what feelings of pride and exultation I now find

myself presiding over an assembly of medical colleagues all professing the same doctrines, of so many honourable, intelligent and experienced practitioners, all advocating the same principles, actively and usefully engaged in the practice of the same system of medicine, united together by the laudable object of promoting the same cause, and all strenuously vying with each other in their endeavours to advance the important objects for which this Society was established."

Modified as is the professional antagonism presented to homœopathic practitioners to-day, when compared with that met with by Dr. QUIN and others, in 1846, there is still enough, and more than enough of it, to enable all of us, more particularly those who are practising in districts where no homœopathic brother is near at hand, to sympathise with his feelings on the occasion referred to. By the counsel and support members who have encountered professional difficulties have received from sympathetic brethren at the monthly meetings, much useful work has been effected by the Society in times past, and much of the same order will readily be accorded by it in the future.

In the development of homœopathy, in enlarging, and from time to time revising, the best means for applying the law of *similia similibus curentur*, the treatment of disease, by reading and discussing papers in which members have recorded their clinical experience and therapeutic researches, the most important and most enduring work of the Society has been accomplished. That this chief end of its existence was prominent in the mind of Dr. QUIN is clearly and well expressed in the following passage of the Address from which we have already quoted :—

"There can be no doubt," he said on that occasion, "that a society constituted as this, is pre-eminently fitted for the development of talent, the acquirement of knowledge, the augmentation of our means of combating disease, and the extension of the principles you advocate ; for however valuable may be the knowledge you obtain from books, however useful the experience you derive from practice, it is chiefly in the mutual interchange and reflection of that knowledge and that experience, in a society like the present, that you can properly and efficiently cultivate your intellectual and exalt your moral powers. In your dissertations, and in your debates, the inexperienced profit from the knowledge of the skilful and the learned. The young and timid practitioner gains confidence

from becoming acquainted with the mode of practice of the elder and more experienced physician, and by having his own mode of treatment approved of or corrected in the course of your discussions by the observation and criticism of his more advanced colleagues. Thus the knowledge, the skill, and the experience of each individual becomes the property of the Society, and diffuse their valuable results over the whole body. Thus all reap their share in the general harvest of science."

For now fifty years the British Homœopathic Society has successfully pursued these two great objects of a Medical Society. It has maintained the dignity of the profession in securing from its members a loyal and sympathetic regard for the true ethical traditions of that profession, and has diligently pursued the cultivation of scientific medicine and therapeutics at its monthly meetings. In these two directions alone, it has rendered great service to the progress of homœopathy. But beyond these two sources of useful work it has, as time has gone on, and opportunity has offered, done more still towards the extension of a knowledge of the practical value of homœopathy and in facilitating and rendering more accurate its clinical application. The London Homœopathic Hospital sprang from the bosom of the Society. At the annual assembly in 1846, Dr. QUIN looked forward to "the establishment of a dispensary in connection with the British Homœopathic Society, with a view to its future elevation to a hospital." The dispensary was established, and shortly afterwards the hospital in Golden Square was opened. A few years later and its operations were removed to Great Ormond Street, and on the site of the building then, and for so many years since, occupied in benevolent work, in work fruitful to the progress of therapeutics, a noble pile is in course of erection which, in another year, will, we believe, form a model hospital, one where good and useful work will be accomplished, one which will prove a credit to the Society and be a source of pride to all who practise and value homœopathy.

In another direction the Society has, of late years, done very valuable service of a permanent kind. Though it has taken a different and, as we think, a more useful form, it is one which was evidently present to the mind of Dr. QUIN when in his address in 1846 he referred to "the formation of a practical work,

containing monographs of acute diseases, with their homœopathic treatment, by different members of the society." Instead, however, of publishing a volume on practical medicine, the Society has rendered important aid to the publication of works enabling practitioners to prepare and select their therapeutic agents with greater accuracy and confidence than they had heretofore been able to do. *The British Homœopathic Pharmacopœia*, of which three editions have been issued, and a fourth, we may presume, will ere long be required, was prepared by its members the late Drs. MADDEN and DRURY, assisted by Mr. WYBORN of the firm of GOULD & SON, and Mr. EPPS, also a homœopathic chemist. That marvellous collection of pathogenetic facts, *The Cyclopædia of Drug Pathogenesy*, collected together with untiring energy by Dr. HUGHES and Dr. DAKE, was published by the Society jointly with the American Institute of Homœopathy. These are works which no publisher would have undertaken to issue as a commercial speculation; but for our Society we could not have had either of them. And yet both are essential to our success in practice. We hope that in the course of this year or of the next the Society will also publish *The Index to the Cyclopædia*, which Dr. HUGHES is engaged in preparing. Besides these two important contributions to our literature, the Society has issued the best, and, indeed, the only trustworthy, history of the rise and progress of homœopathy —AMEKE'S *History of Homœopathy*—translated by the late Dr. ALFRED DRYSDALE, one of its members. Further, it contributed from its funds some portion of the money requisite to publish the *Materia Medica Pura* of HAHNEMANN, translated by a former president, Dr. DUDGEON, and annotated by Dr. HUGHES, also a former president. In the same way it assisted THE HAHNEMANN PUBLISHING SOCIETY in issuing that magnificent contribution to the literature of materia medica, entitled *Materia Medica Physiological and Applied.*

Work of this kind is of the greatest importance. It is so because it puts within our reach books which are essential to the practical development of our therapeutic method, and at the same time of books which could only be provided by the funds of such a Society as ours.

Thus when we look back over the history of our

Society we are able to feel that it has rendered great service to us all in cultivating and extending a knowledge of our therapeutic principles.

Of late years, inspired by the energy and zeal of its honorary secretary, Mr. KNOX SHAW, it has rapidly increased in numbers, its monthly meetings have been much more fully attended than they once were, and a far greater interest has been shown in the work of the Society than at any time within our recollection. During the Session 1892-3, sixty-three new members joined the Society. The Liverpool Homœopathic Medico-Chirurgical Society has amalgamated with it, and now forms a branch Society. The secretary is, we believe, hoping to secure the affiliation of other Societies in the course of time. From some points of view it is desirable that all the Societies in the country should be united with the parent Society in London, but there are reasons why we can easily understand that the members of provincial Societies should wish to retain their independence. For example, Law XXXI is with many a source of grievance. It reads, "All papers read before the Society," and this is understood to include the branches of the Society "become thenceforth the property of the Society, and shall be deposited in the hands of the honorary secretary." As one member said to us, a few weeks ago "Our papers are all taken from us as soon as we've read them." Gentlemen who have taken the trouble to prepare a paper for a Society do not appreciate such a recognition of their work as is involved in the Society claiming a property in it, assuming a right to dispose of it in any way that the Council may think best. The author is liable to think that he knows how and where he can employ his paper most to his advantage, and he is apt to conclude that being the production of his labour, he is entitled to do what he likes with it. This feeling, we know, exists, and as a man has, so far, a right to do what he likes with his own—the era of socialism or communism, or whatever the compulsory subordination of one's own interests and property to those of somebody else is called, not having commenced as yet—it is, we hold, a perfectly right and just feeling. In retaining all the papers for its own journal, whether the writers are willing for them to appear there, or not, may, as Dr. DUDGEON once said,

"show the wisdom of the Society," for we know how good the papers are, and having such good things, we do right to keep them all to ourselves, and publish them "where, of course, they will only be seen by members of the Society." We do not suppose, however, that many members take the view so sarcastically described by Dr. DUDGEON. It may be a great privilege to have a paper published in the *Transactions*, but it is one of those privileges one would like not to be compelled to enjoy.

Of all the changes in the arrangements and organisation of the Society, which have been made of late years, and which we owe to the energy and organising skill of the SECRETARY, none has been more useful than the remodelling and revivifying of the Council. Active and useful as this governing body was in the early history of the Society, it had for many years become very perfunctory in the discharge of its duties, meeting at very rare intervals, and doing very little business. Among the duties of the Council are the appointment of the editor of the *Transactions* of the Society and of its Secretary. The laws which may be deemed by each branch specially applicable to its local circumstances must have the sanction of the Council before they become operative. If any dispute should arise between any two members, or any cause of complaint of unprofessional conduct be alleged and be referred to the President for decision, he again may lay it before the Council for their consideration. Thus the Council constitutes a court of appeal, and furnishes a means of not only upholding professional honour, but of settling disputes which, if allowed to drag along, might prove fruitful in misunderstandings and quarrels between those who ought and might be warm friends.

And thus it is that at the end of the first half century of its existence we find our Society twenty-five times larger than it was at its institution, more vigorous, more active and more useful than at any previous period of its existence. That its members are full of enthusiasm, full of determination to advance homœopathy, to respect the honourable and ancient traditions of, as Dr. HUGHES said, "the noble fellowship to which they belong," and to make homœopathy more widely known, more fully appreciated and still more effective in the treatment of

disease, was very thoroughly demonstrated at the most successful gathering at the Criterion Restaurant, on the 10th of April.

It has accomplished much useful work during the years that are gone, and it will, we feel fully assured, achieve far more in those that are to come.

We cannot, therefore, too earnestly call upon all British medical men, practising homœopathy, who are still without its pale, to at once apply for admission, and so take a part in the important work to which it is consecrated.

HOMŒOPATHY IN THE OLD SCHOOL.

In the *Practitioner* for April we read the following:—"Bothenstern has recently called attention to an old remedy which is in danger of being lost sight of, viz., *sulphur*. He believes its effect is not merely to be ascribed to the mild purgative action of the *sulphur* preparations, but rather to a constitutional effect upon the hæmorrhoids, as the remedy is only given in very small quantities. It is administered in the form of a *sulphur* water (about ½ a grain of *potassium sulphide* to 1 oz. of water) and a teaspoonful in a glass of water sipped during the course of the day. Bothenstern quotes the case of a patient who had suffered for years from alternate itching sensation, irritation and marked burning around the anus, which increased occasionally to severe pain with every evacuation. There might be seen at these times a bluish red nodule which appeared somewhat suddenly. With a movable pedicle it attained the size of a hazel nut, and occasioned real distress. In the first two days after the administration of the remedy a diminution of pain was noted; after eight days the hæmorrhoid had distinctly decreased in size; a week later it was hardly visible and soon diappeared. (*Therap. Monatshefte*, 2, 1894)."

We know of course that *sulphur* has long been considered a remedy for piles in the old school, and it is one of the most frequently used remedies for that disease in the homœopathic school, either in the form of pure *sulphur* or in that of *hepar sulphuris*. The remarkable thing in Bothenstern's communication is that the remedy

is given in such small doses, $\frac{1}{16}$ of a grain in divided doses during the day. The preparation he uses corresponds to the homœopathic *hepar sulphuris*, and the specific action of the remedy on the hæmorrhoids is distinctly recognised. The itching, irritation and burning in the anus and rectum, and the severe pain during evacuation are well marked symptoms in Hahnemann's proving of *sulphur*, showing that Bothenstern's employment of it was strictly homœopathic, and the dose he gave was considerably less than the first decimal trituration.

A still more striking instance of homœopathic treatment in the old school is afforded by Professor Fraser's paper *On Bichromate of Potassium as a Remedy in Gastric Affections*, communicated to the Eleventh International Medical Congress, recently held in Rome, and reproduced in the *Lancet* of April 14th. The author, who was a personal friend of the late Dr. Drysdale, and well aware of our colleague's work in regard to *bichromate of potash*, alludes to this fact in this jaunty manner: "Drysdale had advocated its employment in affections of nearly all the important organs of the body." He is well aware, doubtless, that Drysdale carefully investigated its effects on various parts and organs of the body, but he should have had the candour to admit that Drysdale particularly pointed out its utility in the same class of affections as that he himself treats of. He alludes to the observations of Vulpian with respect to the use of the drug in several forms of gastric affection, but these were made in 1883, nearly forty years after Drysdale had introduced the remedy into medical practice and indicated the kind of gastric affections for which it is remedial. However, we must not be too exacting in the matter of the acknowledgment of the claims of an adherent of the homœopathic school by a professor of the old school in the presence of an assemblage of partisans of traditional medicine. It is something to find that our late colleague is mentioned at all in such august surroundings. In this Professor Fraser shows an example that might be imitated by some of the fraternity who take our medicines but carefully conceal where they get them.

Professor Fraser first gives a short report of 18 cases of dyspepsia which were cured by *k. bich.* (as we shall continue to call it) in doses of from $\frac{1}{12}$ to $\frac{1}{8}$ of a grain thrice daily. We subjoin a few of these cases.

Case 7.—A brass-finisher, nineteen years of age. Symptoms and duration: For several months pain immediately after food, lasting for about an hour, flatulent distension, epigastric tenderness, and some enlargement of stomach; patient also had presystolic mitral disease. Treatment: March 10th, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: On March 18th no pain after food, flatulence, or epigastric tenderness. There were no further gastric symptoms, although patient was kept in hospital till April 5th because of the cardiac disease.

Case 8.—A woman, a lithographer, twenty years of age. Symptoms and duration: For four months anorexia, discomfort, nausea, pain, and vomiting after food; slight anæmia; constipation. Treatment: From Feb. 11th to March 3rd *cascara*, *cod-liver oil*, and *ferrous chloride;* March 3rd, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: The anæmia soon disappeared. The gastric symptoms persisting, *bichromate* was administered. The dyspepsia improved, until in five days fish and chicken were taken without any discomfort; and she was dismissed, cured, a few days afterwards.

Case 9.—A printer, fifty years of age. Symptoms and duration: For a year epigastric pain and tenderness, nausea and vomiting after food, flatulence, constipation; also suffers from aortic stenosis, and had an alcoholic history. Treatment: From Oct. 28th to Nov. 4th *calomel* and compound *jalap* powder at first, and then compound tincture of *cardamom;* from Nov. 4th to 10th *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: No distinct improvement evident till Nov. 6th, when, for the first time, no pain or nausea. On the 14th no symptom of gastric disorder. Dismissed, cured, on Nov. 16th.

Case 10.—A woman, twenty-five years of age, a worker in an indiarubber manufactory. Symptoms and duration: For two years dyspeptic symptoms, sometimes severe. On admission anorexia, thirst, gastric pain and tenderness, occasional vomiting, acid eructations after food, flatulent distension, and constipation. Treatment: On Dec. 11th *bichromate of potassium* ($\frac{1}{12}$ gr.), increased to $\frac{1}{8}$ gr. on Dec. 16th; liquid extract of *cascara* for several days. Effects and time of production: In five days after

beginning the *bichromate of potassium* eructations and gastric pain had disappeared, and in ten days epigastric tenderness could not be elicited. Patient was dismissed, while taking light diet without discomfort, on Jan. 3rd.

Case 12.—A domestic servant twenty-five years of age. Symptoms and duration: For four months severe gastric pain, with nausea, lasting about six hours daily, apparently excited by food, frequent vomiting, anorexia, and epigastric tenderness. Treatment: June 9th, *bichromate of potassium* ($\frac{1}{8}$ gr.) thrice daily. Effects and time of production: Gradual improvement, until in nine days epigastric pain, tenderness and vomiting had disappeared. After the symptoms had been absent for twelve days, owing to an error in diet, they returned for seven days. They afterwards again entirely disappeared, and the patient was dismissed, cured, on July 17th.

Case 14.—A nursery-maid, eighteen years of age. Symptoms and duration: For six weeks pain and frequently vomiting an hour after food, epigastric tenderness, and slight constipation; there was also considerable anæmia. Treatment: Milk diet. Nov. 3rd, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: In four days all the dyspeptic symptoms had disappeared, except that pain and nausea occurred unless patient lay down after meals. She was dismissed, cured of the gastric symptoms, on Nov. 14th.

Case 17.—A domestic servant, eighteen years of age. Symptoms and duration: For eighteen months pain in the stomach and vomiting, with several intervals of partial relief; on admission above symptoms, which had been present in severe form for about four months, and, in addition, marked epigastric tenderness and moderate constipation. Treatment: Jan. 4th, extract of *cascara* night and morning; the 8th, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily, increased on the 10th to $\frac{1}{8}$ gr.; milk diet from Jan. 3rd to the 19th, when farinaceous foods were added; on Feb. 3rd convalescent diet with fish and white animal food was taken without discomfort. Effects and time of production: No material improvement until Jan. 11th, when pain after food was lessened, and it disappeared on the 17th, but returned for brief intervals after food from the 24th to the 27th, and did not recur afterwards; epigastric tenderness could be elicited only by deep percussion on the 28th, and it altogether dis-

appeared on Feb. 1st; the patient was dismissed cured on the 18th.

Case 18.—A domestic servant, twenty-two years of age. Symptoms and duration: For three months anæmic and dyspeptic symptoms, the latter becoming gradually more severe, until for three weeks previously to treatment the patient vomited after every meal, except when lying down; she had also anorexia, epigastric pain, and tenderness; she had considerable anæmia. Treatment: Oct. 12th, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily, increased on Nov. 3rd to $\frac{1}{6}$ gr. thrice daily, and continued to the 16th, when *ferrous chloride* was substituted on account of the anæmia. Effects and time of production: The gastric symptoms rapidly improved until, in nine days, they had entirely disappeared, while the anæmia had not materially improved; the blood, however, became normal soon after *iron* was administered.

It is interesting and instructive to observe that many of the cases had been treated without effect by the usual old-school remedies, and that improvement at once set in on commencing to use the *bichromate*.

Then follows a series of ten cases said to be of gastric ulcer, though the diagnosis with respect to some of the cases may not be universally accepted. However there can be no doubt of the severity of the diseases in every case, and of the excellent effects of the remedy used. Subjoined are some of these cases.

Gastric Ulcer.

Case 3.—A domestic servant, aged twenty-five. Symptoms and duration: Eight, and also three years ago, had been severely ill with gastric symptoms; six weeks before admission pain and sickness occurred; and a fortnight before admission the patient began to vomit after every meal, the vomited matter frequently containing blood. In addition suffered from anorexia, constipation, and epigastric tenderness. Treatment: June 20th, extract of *cascara* nightly, and *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: Vomiting last occurred on June 24th, but nausea, especially after meals, continued until the 26th. Pain and tenderness had disappeared on June 30th. Patient was dismissed, free from gastric symptoms, on July 4th.

Case 4.—A woman, thirty-two years of age, a mill-worker. Symptoms and duration: About fifteen months

before admission abdominal pain with distension and eructations, followed by frequent vomiting, containing blood three months before admission, great pain in epigastrium and thorax, epigastric tenderness, and constipation. In addition to above considerable enlargement of the stomach was found to be present. Treatment: From Jan. 26th to Feb. 5th *assafœtida, cardamoms*, and *cascara*. On Feb. 6th *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Subsequently *ferrous chloride*. Effects and time of production: Rapid improvement, so that on Feb. 12th no gastric symptoms were present except occasional slight epigastric pain. This last symptom disappeared in a few days, and patient was dismissed, cured, on March 3rd.

Case 6.—A woman, aged twenty, a professional dancer. Symptoms and duration: Had vomiting of blood a year before admission. Three weeks before admission fainted several times, and vomited a little blood; since then she had vomited several times daily, without blood, about two hours after food; suffered from epigastric pain after food, constipation, and considerable epigastric tenderness. Treatment: From Jan. 13th to 17th *bismuth, rhubarb* and *soda*; but pain and vomiting were not removed. From Jan. 17th to Feb. 21st *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Again, from March 3rd to 24th *bichromate* in above doses. Effects and time of production: On Jan. 18th no pain, vomiting, or nausea. On Feb. 27th (*bichromate* had been stopped on Feb. 21st) a recurrence of pain, nausea and vomiting. From March 5th to March 24 no symptoms of gastric disorder (*bichromate* was again being taken). Patient was dismissed, free from gastric symptoms, on March 24th.

Case 7.—A labourer, thirty-seven years of age, employed in a brewery. Symptoms and duration: Gastric pain and vomiting at intervals for eight years. Present attack about ten days before admission; great gastric pain and vomiting after food, the vomited matter containing blood; flatulence, acid eructation, constipation and epigastric tenderness. After admission all above were present, except vomiting. Treatment: From March 5th to 11th *bismuth, rhubarb* and *soda*; from March 11th to 30th *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily. Effects and time of production: Some

slight temporary relief of pain between March 7th and 11th. On March 13th pain greatly lessened; and all pain, tenderness and nausea had disappeared on March 18th. Patient was put on convalescent diet on March 19th. On the 21st and 22nd there was slight pain for a short time, which did not recur, and patient was dismissed on March 30th entirely free from pain, nausea or epigastric tenderness.

Case 8.—A woman twenty-nine years of age, a cook. Symptoms and duration: A month before admission hæmatemesis with tarry ejections. On admission thirst, moderate constipation, epigastric pain increased by food, epigastric tenderness, and anæmia. No vomiting after admission. Treatment: Oct. 14th, extract of *cascara* each night; Oct. 20th, *bichromate of potassium* ($\frac{1}{12}$ gr.) thrice daily till Nov. 12th; milk diet till Oct. 21st; afterwards gradually increased to convalescent diet, and on Nov. 8th to full diet. Effects and time of production: On Oct. 24th all stomach pains had disappeared. On Nov. 1st no epigastric tenderness was present.

Case 9.—A woman of forty-seven years of age, a cook. Symptoms and duration: About five years ago vomiting after food, from which she recovered. Four months before admission vomiting recurred, with severe gastric pain following food, and blood was present on more than one occasion. Patient was very feeble, there was epigastric tenderness, and the stomach was moderately enlarged, and a hard small mass could be felt near the pyloric extremity. Treatment: June 20th, *bichromate of potassium* ($\frac{1}{8}$ gr., increased on the 25th to $\frac{1}{6}$ gr.) thrice daily; milk diet from June 14th till July 24th. Effects and time of production: Vomited thrice on June 20th, and daily till June 24th. Since this date there has been no further vomiting or pain. On July 9th epigastric tenderness had disappeared. She was able to eat white flesh without discomfort before her dismissal on Aug. 3rd, when she had gained seventeen pounds in weight.

Case 10.—A married woman thirty-five years of age. Symptoms and duration: About nine months before admission pain, nausea, and vomiting after food. Recovered in about six weeks. Symptoms returned in more severe form two months before admission. Pain came on chiefly an hour after food, even diluted milk, and was followed by nausea and vomiting. Since

admission blood was present on two occasions. There was also much epigastric tenderness and constipation. Treatment: May 7th, *bichromate of potassium* ($\frac{1}{6}$ gr.) thrice daily. Milk diet till May 21st; gradually improved to convalescent diet. Effects and time of production: Vomiting, which previously occurred daily, ceased on May 13th until May 22nd, when one attack of vomiting occurred, but without pain. From this time improvement was continued without interruption; appetite, strength, and weight were recovered, and gastric symptoms were entirely absent when she left hospital on June 2nd.

Professor Fraser says that in most of the cases the smallest dose of *bichromate* was given and found sufficient. Homœopaths have found some much smaller doses quite adequate to effect striking issues, but we would not quarrel with Professor Fraser for having shown us that even considerably larger doses than those we habitually use may perform striking cures.

In the *Lancet* of the 21st of April appears the following letter from Dr. J. H. Clarke, with the note appended by the editors:—

"Bichromate of Potash as a Remedy in Gastric Affections.

"*To the Editors of the 'Lancet.'*

"Sirs,—In his paper with the above title, communicated to the Eleventh International Medical Congress, and published in your last issue, Professor Fraser mentions the name of Drysdale as one of his authorities, but he gives no reference. With your leave I will supply the omission. Whatever Vulpian may have published in 1883, the authority for the therapeutic use of *bichromate of potassium* in gastric and other affections is the monograph by the late Dr. John J. Drysdale, of Liverpool, first published in 1851 as part of the *Hahnemann Materia Medica*, a revised edition appearing in the *Materia Medica, Physiological and Applied*, published by Trübner & Co. in 1884. Readers of this work will find that *bichromate of potassium* (or *kali bichromicum*, as it is called by homœopathists) has produced in poisonings and in experiments on the healthy (or provings), all the symptoms and conditions which were cured by the drug in Professor Fraser's patients. It is not to Vulpian, but to Drysdale, that Professor Fraser owes this know-

ledge, and to the friends of Drysdale who joined him in the research, testing the drug on their own healthy bodies to discover the indications for its use in disease.

"I am, Sirs, yours truly,

"John H. Clarke.

"Clarges Street, W., April 14th, 1894."

[Dr. Clarke's date is not quite correct. The original essay on *Bichromate of Potash*, by Dr. Drysdale, appeared as an appendix to one of the earliest volumes of the *British Journal of Homœopathy*, with some coloured drawings of *post mortem* appearances, and *inter alia* one demonstrating round ulcer of the stomach in a dog poisoned by this preparation of *potash*.—EDS. *M.H.R.*]

ON SCIATICA.*

BY C. J. WILKINSON, M.R.C.S., Bolton-le-Moors.

CASES of sciatica may. for the purpose of my remarks, be divided into two classes.

Firstly, those cases in which the sciatic nerve or its branches are the subject of some gross lesion, the result of cold (or) of rheumatic or gouty deposit, or of injury in or around the sheath of the nerve.

Secondly, those cases in which pain in the course of the nerve is a prominent symptom, but in which the cause of the pain must be sought in the abdominal connections of the sciatic nerve.

We may class the first division under the name of *direct* or *simple* sciatica, while the latter division may be named *indirect* or *reflex* sciatica.

Direct or simple sciatica commonly follows exposure to those causes which we connote under the name of *cold*. It is, therefore, more common among men than among women. It is not infrequently sudden in its invasion, the patient rising from a sitting posture to experience sudden and agonising pain which to him appears to originate in the hip-joint. We often find a history of a wetting during or after muscular exertion, of having discarded some usual covering for the legs, of having sat on damp ground or on the wet seat of a carriage. The large flat expanse of the nerve and its neighbourhood to the surface make it easy to understand how it is exposed under such circumstances to

* Read before the Manchester Homœopathic Society, February, 1894.

rapid alterations of temperature, to congestion and following inflammation. In the early stages of such a case we shall find some slight rise of temperature, the full hard bounding pulse and the slight general uneasiness which we associate with the effects of chill and with the successful exhibition of *aconite*. But pain is the symptom of which we shall hear most. Beginning often, as I have said, with the same suddenness with which lumbago appears, or, less frequently, showing itself as a slight uneasiness in the middle of the outer and back part of the thigh, the pain soon reaches a point at which it tries the fortitude of the most unyielding. The unfortunate patient gains an accurate knowledge of the nerve's distribution, though most commonly the whole of its distribution is not mapped out in severe pain at any one time. There is usually a deep-seated pain extending from the upper part of the sacro-iliac joint to a point just behind the hip on the affected side; and at this point there is almost invariably either pain or tenderness to pressure, or both. This is an example of the rule in accordance with which pain is accentuated where a neuralgic nerve escapes from a cavity to the surface. Another point where pain is often great is that where the trunk of the nerve passes behind the sheath of the biceps at about the middle of the thigh. Other points of election will be found where the external popliteal nerve lies just at the back of the head of the fibula at the inner side of the biceps' tendon, and again where the external saphenous nerve runs at the back of the outer malleolus. The pain is in one way or another increased by movement, and the patient soon learns to reduce this to a minimum by walking as little as possible and by flexing the knee and treading on extended toes so as to diminish pressure. When long continued, sciatica often causes marked atrophy of the limb, both from non-exercise of its function and the malnutrition consequent upon the condition of the nerve itself.

The character and circumstances of the pain give us, as usual, our indications for treatment. I venture to give you under the headings of drugs some indications which I have verified in practice from time to time as cases arose.

Aconite.—In the earliest stage, after chill, together with rise of temperature, dry, hot skin and full, hard,

bounding pulse; drawing pain in the ilium, occasionally spreading to hip; perversion of tactile sensation in foot or feet, so that he seems to himself to be walking on wool. After sleep, pain on moving hip, as if from its being crushed, or as if the bed had been too hard. Coldness of feet, especially of toes. Tingling in course of sciatic nerve. This tingling may also suggest the drug in later stages, when it is accompanied by almost paralytic weakness of the limb, by twitching in the tendons around the joints, and by cracking in the joints of the limb. These symptoms are often relieved by walking in the open air.

There is a symptom under *Aconitinum* or *Aconitia*, "tingling, pricking sensation, running *up* legs to spine and head," in which I have found *aconite* useful in this connection.

I saw a case once in which the sciatica seemed the result of obscure injury to the hip some years before. *Arnica* 1x gave great and lasting relief. *Arnica* is not only useful in those cases where actual trauma is the cause, but in other cases also where the acute pain is followed by a sense of bruise. The legs and feet ache and are sore on walking. There is a sensation as if a nerve had been pinched, a slowly decreasing pain, such as, in the hand, may follow a bruise on the "funny bone."

Arsenicum is helpful in this group where the pain is markedly neuralgic in its nature. It is provoked by cold and draught, is often aggravated at one particular hour, and often wakes the patient from sleep. In such cases a small dose of stimulant shortly before the usual time of aggravation will sometimes prevent its return. The pain is varied by numbness, and cramp in the muscles of the leg also occurs.

Belladonna occurs to one where the symptoms are those of congestion. The pain is sometimes limited to one spot, as though in the skin of the leg. There is a feeling of throbbing or "clucking" in the nerve itself.

Bryonia is a great drug in the treatment of sciatica of rheumatic origin, not only where the nerve itself appears to have effusion under its fibrous sheath, but also in those cases in which pressure over or around the spines of the vertebræ in the lumbar and sciatic regions intensifies the pain along the nerve and points to effusion there. The patient cannot bear to make the least

movement; a sneeze or a cough sends violent pain along the outer side of the limb. Every movement causes pain, and yet there is a constant endeavour to find an easy posture. Determined movement does not bring diminution to the pain, as in the case for *rhus*. Even when the patient is quite quiet he is not easy; there is a sense of bruising and beating as with a hammer in the middle of the thigh. A curious symptom, which I have several times noted, is great tenderness in corns, which had previously attracted little notice. It occurs often in the provings.

Shooting and tearing pain in the nerve with a sense of very painful dislocation in the joints of the limb when moving after sleep, in chronic cases have been relieved by *calcarea carbonica*.

Shooting and tearing pain is also characteristic of *chamomilla*, which has many symptoms suggestive of its use in sciatica. I must, however, confess that I have found it of little service, probably from defective specialisation of its sphere of action.

Drawing and tearing pain in hip and along the sciatic nerve, especially marked on the outer border of the tendo Achillis, in a rheumatic subject who had also the cough and tough, stringy phlegm of the remedy, rapidly disappeared under the use of *kali bichromicum* 6.

Pulsatilla has aching in the loins and hips. The sciatica of this remedy is usually only part of a general rheumatic condition, the nerve being visited by sharp but short attacks of the pain, which soon moves off elsewhere. It is useful also in gouty patients where the leg is involved in flying attacks of the same nature.

With *rhus* we may cure cases of sciatica which we see very frequently. They are associated with lumbago very often, a stripe of pain striking away from the sore quadratus lumborum under the sacrum, to appear intensified at the notch. In these cases I suppose that the trouble is rather around than in the nerve itself, that there is rheumatic change in the fascial expansions of the surrounding muscles. The pain on movement is very suggestive of this. Stiffness is the marked symptom. The first movement after rest, especially after sleep, is accompanied by such severe pain as frequently makes the patient cry out. It is a tearing pain, the pain of separating tender and agglutinated

surfaces. But each movement leaves the next more possible. I find that the urine is almost always red and turbid in such cases. Compresses of weak mustard and water on the limb, properly bandaged and supported by cotton wool and flannel, help to give great relief. So also does the long continued rubbing with lard or lanoline by a hot hand. Forcible flexion of the thigh on the abdomen breaks down the adhesions rapidly, but it is very painful and patients usually prefer gradual improvement to this treatment.

Sulphur is said to be the remedy for sciatica characterised by heat of the feet, rapid changes of locality, and by startings in the limb while falling asleep. I have found it more useful in proportion to the chronicity of the ailment, or as a preparatory for the action of some other indicated drug which has "hung fire."

I have not hitherto found it necessary to give *morphia* or any other pain deadening agent in sciatica, but I have often found great help from the use of liniments containing either *rhus* or *bryonia* in cases where I was giving these drugs internally. I use 1 drachm of *bryonia* ϕ or ½ drachm of *rhus* ϕ to ℥j of *lin. saponis* and ℥ss of *r. spirit.*

Turning now to the second division of sciatica—namely, the indirect or reflex cases, in which the nerve is the conductor of pain really originating in an abdominal or pelvic organ, to its periphery, it may be well to consider somewhat the anatomy of the parts concerned.

The sciatic nerve takes its origin from the sacral plexus, being, in fact, a continuation of the lumbo-sacral cord, the fifth lumbar and first sacral combining to form this with a branch from the second sacral. It lies under the investing fascia of the pyriformis which separates it from the internal iliac vessels, and it is, therefore, not in a position liable to direct pressure from abdominal viscera unless they are the subjects of new growth. In this it only shares a liability common to all nerves in the cavity. Just as it reaches the sacro-sciatic notch to escape from the pelvis between the pyriformis and the gemellus superior (subgluteal nerve), it is crossed inferiorly by the gluteal artery on its way to the upper surface of the pyriformis, and is occasion-

ally implicated in aneurism of that vessel, a cause of sciatica not often diagnosed during life. This position appears to me to defend the nerve very efficiently from such pressure as may be exerted by an over-distended gut, a congested or cystic ovary, or even by a uterus enlarged by fibroids or pregnancy. Yet pressure from such causes is often alleged as the primary cause of pain down the course of the nerve. This being proved impossible, it remains for us to find some more tenable explanation for the fact that such morbid conditions of the pelvic viscera can and do cause such pain.

A very brief examination of the nerve connections will furnish us with a certain clue to the unravelling of the difficulty.

An alteration of arterial calibre is involved in each of the conditions which we have named, either caused by, or acting upon, the vaso-dilatator or vaso-constrictor nerves of these viscera. Let us take for example the rectum, and imagine that it is for the time being in that catarrhal state which we recognise under the term "summer diarrhœa." The patient is complaining that he awoke early one morning with a general sense of chill and acute colicky pain across the lower part of the abdomen. The pain was sufficiently acute to double him up, and was quickly followed by the discharge of the contents of his rectum, together with yellowish watery fluid. The pain was for the time relieved, but returned again and again with similar results, and within 12 hours he was considerably reduced in strength, and was passing blood with the motions. Should this state of things have lasted for 36 or 48 hours, we shall also find that in all probability he is complaining of pain, more or less acute, immediately at the back of the hip joint, and extending more or less into the distribution of the sciatic nerve.

I find no record by previous observers of this association between summer diarrhœa and sciatic pain. But I have verified it by the observation of very many cases during the last eight or ten years. Indeed, for that period of time, the concurrence has either been volunteered to me by my patients or elicited by enquiry. I have enquired for it before its appearance and have had it reported later. A patient has under these circumstances greeted me on my morning visit with the words, "That

pain in the leg that you asked about has come," and in summer diarrhœa due to chill I have very seldom found this symptom wanting at one stage or another. In cases of sciatica, while investigating the cause, I have very frequently found that its date was to be fixed immediately after an attack of this nature, while in other cases watched throughout I have seen the sciatica persist for some time after the disappearance of other symptoms. The observation of others will, no doubt, corroborate me when directed towards this clinical association of symptoms, and I dwell upon it with the more emphasis, not only because it has, so far as I know, escaped previous record, but more especially because it was through this association that I was led to consider the often obscure etiology of the subject of this paper.

I have said that chill is a cause of diarrhœa.* Its frequency as the cause was pointed out to me first by Dr. Burwood, of Ealing, and has been borne in upon me by very frequent bed-side enquiry. Illustrating this is the fact that Anglo-Indians returning home and suffering (as is often the case) from constipation are used to escape a dose of aperient physic by lying, *zonis solutis*, their cholera belts unfastened, under the open port-hole as they reached the cold winds of the Gulf of Suez. Here we have an example of the direct effect of cold upon the sympathetic of the abdomen, paralysing the circular fibre of the intestine, and allowing the uncontrolled action of the longitudinal fibres to hurry along the contents of the intestine.

In the case of diarrhœa associated with sciatica which we are considering, the influence of cold upon the sympathetic is not confined to the muscular coats of the intestine, but extends also to its vaso-motor portion, increasing their calibre and their secretion, setting up disturbances reported back by them to their spinal origin between the fourth and fifth lumbar vertebræ. Now this point, as we have shown, corresponds precisely with the upper limit of spinal origin of the lumbo-sacral cord, the main constituent of the sciatic

* In the heat of summer nights, one covering after another is discarded before sleep is won. About 3 a.m. the radiation of heat from the earth has begun to decrease, and the "vital process" is also at its lowest point. The arteries of the insufficiently covered abdomen are exposed to trial at their hour of least resistance.

nerve. A diagram of the abdominal sympathetic shows the spinal organs of the branches distributed to the large intestine, bladder, uterus and ovaries, all at a lower level than the origin of the sciatic, and all, therefore, capable of transmitting sensory, vaso-motor and trophic stimuli through it. I may also point out that *colocynth* has caused on the mucous membrane of the lower colon and rectum of a day, blackish raised streaks on a fiery red ground (*Drug Pathogenesy* 2, 367), showing inflammation to the point of gangrenous ulceration, and that pains throughout the course of the sciatic (either with or without diarrhœa) are extremely common in the provings of the drug. It is a drug of great power in a very definite, if limited, field. I was for long disappointed with it in sciatica, until I learned from Dr. Hughes' *Pharmacodynamics* to use it in the 6th centesimal dilution.

Being now engaged in consideration of sciatica of intestinal origin, it will be well to consider other drugs useful in such cases.

Dioscorea has done me some service in cases very similar to those which call for *colocynth*. The diarrhœa has slight continuous pain preceding it, a pain as if a finger were placed on the umbilicus and pressed upward and backward. It has not the sudden need for relief by stool which follows the *colocynth* pain, a pain as though the intestine were squeezed between two stones. The stool is profuse, thin and yellow; the pain in the sciatic sharp, spasmodic and paroxysmal.

Guaphalium also causes colicky pain in various parts of the abdomen. The abdomen is sensitive to pressure, especially over the cæcum, the stools are loose and pale. There is intense pain in the sciatic and its larger branches, with alternations of numbness down the thigh and leg.

Constipation is also capable of setting up sciatica, and frequently does so. The nerve trouble does not last so long after the removal of the cause as in the cases depending upon diarrhœa, an aperient will soon bring it to an end.

Where this association exists, *nux vomica* is rapidly curative if there is the characteristic dyspepsia, especially if there is aggravation of the sciatic pain in the early

hours of the morning, with the bad taste and furred tongue which we know so well.

Plumbum is indicated where sciatica is associated with constipation, if there is twisting, colicky pain in the abdomen, with difficult and scanty scybalous stools. It is also worthy of notice that in lead poisoning fissure of the anus has occurred, the result of constipation.

I have found *opium* useful in the constipation of women where there was a sense of aching at the back of one or both hips, and acute tenderness to deep pressure there, especially if the rectal weakness is associated with ovarian tenderness. The motions consist of hard, round, dry, black balls similar to sheep dung. In such cases I have used half-minim doses of *opium* ϕ and found all the symptoms relieved.

Collinsonia is useful where there are signs of rectal colic from impacted fœces together with piles and reflex sciatica. "Light coloured lumpy stools, with hard straining, followed by dull pain in anus and hypogastrium." The continued straining produces discharges of mucus and blood before long, while the still retained hard motion is yet undelivered.

The vaso-motor and vaso-dilatator trunks to and from the uterus, ovaries and bladder, as well as from the rectum, join together into a large cord, which, together with the branches in connection with the large intestinal nerves, reach the spine by three branches—one (as before mentioned) between the 4th and 5th lumbar vertebræ, the other two between the 4th and 3rd and 3rd and 2nd lumbar vertebræ respectively.

No observer can have failed to note the frequency with which uterine and ovarian troubles are responsible for pains more or less severe in either the anterior crural, the sciatic, or in both. In uterine retroflexion, where we often have painful constipation with hæmorrhoids and sciatica, *collinsonia* is wonderful in its power. While the constipation and piles may be due to the pressure of a heavy and retroverted fundus pressing the rectum between itself and the anterior surface of the sacrum, the involvement of the sciatic points, I think, to a nervous reflex either primarily from the womb or secondarily from the compressed gut.

Sciatica is an early symptom in the troubles that accompany each period in cases of membranous dys-

menorrhœa. Whether we use *colocynth* as more strictly indicated by our great rule *similia similibus* or *gelseminum* on account of its power in paralysing the spasmodically contracting circular fibres of the cervix, we must still recognise that the pain at the back of the hip is, if present, the result of a nervous reflex from the womb to the spinal cord, and thence to the sciatic nerve.

Pulsatilla is useful in uterine sciatica. Concomitant with well-known symptoms in its uterine sphere of action, we have short, lasting pains in the sciatic nerve, disappearing for awhile to return again. Dr. J. H. Clarke has published an interesting case in his *Rheumatism and Sciatica* of what he calls cancer (?) of the womb simulating sciatica. As the sciatic symptoms were relieved for long periods and repeatedly by *kali carbonicum*, it is clear that the nerve was not implicated in the growth but that its affection was reflex. But, even that being granted, why speak of the sciatica as "simulated?" A pain in the sciatic nerve (which is all that the word sciatica rightly connotes) is sciatica whatever its origin. We do not speak of toothache as *simulating* prosopalgia where outlying branches of the fifth nerve cause pain, or of functional liver trouble *simulating* pain in the circumflex nerve. Our business is to realise that these pains are one expression of a dental or hepatic condition respectively. And why should the case not be similar with sciatica?

Of sciatica as a result of ovarian congestion or invitation I must not speak at length, but I will mention one case in which I was much interested:—

Mrs. L., aged 61, had sciatica first five years ago, and that attack lasted a full year. Then there was an intermission, but it has now been going on without ceasing for 18 months. She describes the pain as "like toothache in the leg." The pain extends through the whole of the left nerve and is aggravated by going downstairs, and is at its worst while first getting warm in bed. The circumference of the thickest part of the calf is 1½ inches less on the left than on the right side. She is subject to diarrhœa, preceded by griping pain; sudden small motions give temporary relief. Hot food aggravates this. She has had prolapsus uteri for 17 years, and has worn a ring and a Greenhalgh's pessary. On examination, the ostium vaginæ is very large and the

vagina itself large enough to contain a doubled fist without inconvenience. The uterus is large and the os presents at the orifice of the vagina. It is easily movable and can be reduced to a normal condition. There is very pronounced "vesico-cele," and she has to support the anterior wall before she can make water. The left ovary is large and tender, bimanual pressure through it causes at once a great increase of the leg pain, so that she cries out. A globular inflating pessary of the largest size diminished her urinary troubles at once. I gave her *colocynth* 1x, 1 drop 3 times a day, but this dose aggravated the sciatica. Half minim doses of *colocynth*, 2x, had a similar though a less effect; but under *colocynth* 6 she soon experienced very great relief for increasing lengths of time. The diarrhœa ceased and the pain in the leg was rapidly disappearing when I ceased to see her.

My account of this case would be that the drag of an old standing prolapse upon an irritable and possibly organically diseased ovary had reflected irritation in two directions—firstly, to the intestine setting up pain and irritation there; secondly, to the sciatic nerve, setting up pain and interference with function there. Nothing, in my judgment testifies more forcibly to the truth of the Hahnemannian law than the fact that such a complicated (and not primâ facie, obvious) pathological condition is, as it were, provided against in the provings of a single drug; and that that drug (the remote mechanical cause having been removed) should relieve the associated symptoms when they are found to occur.

Ovaritis occurs, especially on the left side, in the provings of *lachesis*. Tenderness from the pressure even of clothes over the ovary is most marked in proportion as the onset of a period approaches. The menses when they appear are thick, black, lumpy and offensive, but their appearance gives relief to the symptoms. This condition is often associated with tearing and jumping pain along the sciatic nerve with great hyperæsthesia in the skin supplied by it. I have had several cases of this nature where *lachesis* proved very effectual.

Apis is useful on the right side as *lachesis* is on the left. There is extreme tenderness in the right inguinal region with burning, stinging, and numbness down the thigh.

I have only seen one case of sciatica resultant from bladder trouble. It was in the person of an elderly woman with malignant disease of the base of the bladder. There were frequent urgings to micturition with scanty voiding of bloody urine and great scalding. The sciatic pain was constant and stinging, and this part at least of her trouble vanished rapidly during the use of *cantharis* 3x.

Though it is usually through the obturator and anterior canal nerves that the reflex symptoms of hip-disease are maintained, it is well to remember Hilton's law "that the nerve supply of a joint is the nerve supply of the muscles working the joint" and to remember that sciatica may result. I have lately had a case in which premature labour was induced under the impression that fœtal pressure was the cause of obstinate sciatica. When I saw the case some weeks after this episode the sciatica was not better but worse, there were two large bedsores, the patient was not taking enough either of rest or nourishment to maintain life. I found great effusion in the hip joint with impaired movement, but no bony crepitus. The condition was therefore probably still only synovial. A Thomas' splint with extension relieved the sciatica at once. The patient took rest and food directly the pain was removed. She was able to discard the splint in two months, and is now gradually gaining in walking power under a course of massage.

To gather up the threads of my remarks, I have tried to point out the frequency of sciatica of reflex origin, and to indicate the nervous tracks by which it is set up and maintained. I have restricted myself to the enumeration of such measures as I have myself found useful, believing that it is only tried and proved measures that deserve serious consideration.

UVULA GUTTURALIS.

By Edward Blake, M.D.

The uvula of the throat, so called to distinguish it from that of the bladder and of the cerebellum, is an insignificant looking little organ, which we are apt to treat as something beneath contempt, yet upon its activity and integrity our comfort depends to a far greater extent than we may suppose. Its functions are

so varied that I can here only speak of a few of them, but they are certainly important, far beyond the size and apparent significance of the organ itself. The azygos, or as we ought to call them the "azygoi" uvula, for these are two distinct fleshy fasciculi, are innervated by the descending palatine branches from Meckel's ganglion. We shall do well to remember that this ganglion obtains its nerve supply from the facial through the Vidian, as regards its motor functions; it owes its sensory fibres to the fifth; whilst through the medium of the deep petrosal its continuity with the sympathetic is ensured at the carotid plexus. Thus we are reminded that the nerve connections of the uvula are widespread indeed.

The orbit, the optic nerve (Arnold), the cavernous sinus and the sixth (Böck), and the ophthalmic ganglion (Tiedmann), the nose, the whole buccal cavity, the glosso-pharyngeal, Jacobson's nerve, the whole motor and sensory innervations of the face come within its possible sphere of influence. We can now understand the remote and widely distributed reflexes which depend on uvular disease. It is needful to glance for a moment at the lymphatic supply of the uvula in order to realise completely the phenomena which accompany septic infection of this region.

During the course of scarlatina the glands in the neck enlarge, because the lymphatics from the pharynx, including those of the uvula, drain directly through the deep parotid and the deep cervical groups.

In specific ulceration of the uvula we shall find tenderness on firm pressure behind the angle of the jaw; and for this reason a complaint of persistent pain under the ear should always attract our attention to the possibility of mischief in the isthmus of the fauces.

I will pause to illustrate by a short anecdote the success in practice that attends the habit of minute observation.

A young gentleman, laden with more academic honours than worldly wealth, took a house in one of the suburbs of London, and put up the customary brass-plate. The usual despair of ever getting any patients occasionally overwhelmed the soul of this aspirant to medical distinction, when one day a lady called. This patient had visited all the other medical men in the neighbourhood with a negative result. But she had come to the right

man at last, for this doctor, lifting her uvula, found that posterior surface was destroyed by syphilitic ulceration, whilst the front of the organ exhibited an appearance of perfect health.

To return to the functions of the uvula. It possesses the power of directing pulmonary mucus to the mouth. When we desire to expectorate, the rima glottidis opens suddenly, as the diaphragm contracts, the unwelcome mass, following the direction of the trachea, is driven directly upwards. But for the uvula, it would be lodged on the pharyngeal vault, and not expelled from the body at all. As the larynx opens, the uvula moves backwards and upwards, directing the mass into the mouth, whence it is readily ejected.

After diphtheria, it occasionally happens that fluids return through the nose during the act of swallowing; this is due to septic paresis of the tensores and levatores palati.

A medical friend of mine had the uvula entirely removed for the relief of snoring. He soon discovered, to his dismay, that he could no longer expectorate.

Snoring, in the case of children, has a different clinical significance from that which it possesses in adults. In the young, it is more suggestive of enlargement of the pharyngeal tonsil—the so-called tonsil of "Luscka," which was first described, however, by Schneider.

Another function of the uvula is to catch anything coming from the posterior nares, and to deftly convey it without conscious effort away from the glottis into the pharynx.

One of the most annoying results of an absent or incompetent uvula is that the larynx is taken unawares in the following way:—A mass of secretion, leaving the choana, falls cascade-like over the palate. If the uvula be normal, all is well, if inactive, then the mass may drop, without warning, into the larynx. If it chance to arrive at an inopportune moment, that is to say during inspiration, it gets suddenly sucked into the trachea, and sets up such a violent reflex spasm that the unfortunate subject may present the appearance of a man about to have an apoplectic seizure.

A very long œdematous uvula is a serious source of annoyance to the owner, especially if it be swollen enough to be caught by the pharyngeal constrictors, and its

origin at the posterior nasal spine of the palate and the adjacent aponeurosis be exposed to sharp traction. It is relieved by hot gargles, painting with astringents, as catechu, the glycerole of tannin, the permanganate of potash, or the perchloride of iron with glycerine ʒj to ʒj. It may be punctured after anæsthetising with *cocain*. But these surgical procedures are rarely needful, for it may be readily controlled by internal medication—*mercury*, *nux vomica* or *hepar sulphuris* in the chronic form, by *apis mellifica* during the acute stadium.

The dropped palate of middle life, so often associated with gout, and so common in emphysematous subjects, is extremely difficult to treat successfully. If purely paretic, the combined current, using the commutator every minute, with a gentle dosage, will improve matters, but as the paralysis is a product usually of deficient katabolism in liberal eaters and drinkers, the cause remains untouched, and whilst that does so, it is impossible, totally, to discount the results.

Dyspepsia will cause a noisy bark in children, which readily yields to *nux vomica*.

The state of things is described in text books—their compilers, by the way, copy one another's errors with extraordinary fidelity—as the long uvula titillating the tip of the epiglottis. This is an impossible anatomical feat. Besides, the cough is chiefly heard during the dorsal decubitus; in that case, the uvula would fall backwards and quite away from the epiglottis.

It has been pointed out by Dr. Shuldham that, in pharyngitis sicca, the pharynx has partially lost its mucosa through atrophy, the nerve filaments lie exposed, and then a long uvula is exceedingly irritating. He has seen the removal of the lower third of the uvula suspend the singing voice of a tenor for many months. Dr. Shuldham considers that inexplicable attacks of nocturnal dyspnœa are often due to elongated uvula. He prescribes *hepar*, *nitric acid*, and *sanguinaria*.

Dr. Cooper, I think, uses *hydrastis* internally and locally.

Dr. Dudgeon has spoken in favour of the topical as well as the internal use of *perchloride of mercury*.

REVIEWS.

Nursing in Eye Diseases. By C. S. Jeaffreson, M.D., F.R.C.S.E. Bristol: John Wright & Co. Pp. 90.

This little book, though apparently written for nurses, will bear perusal by house-surgeons and dressers having charge of eye-wards.

No nurse should take charge of eye-patients without having given the subject some special thought and study, for, as Dr. Jeaffreson says, "However skilful and dexterous an operator may be, his efforts will be fruitless and his ability frustrated unless the subsequent management of his cases is carefully and intelligently carried out." There are very useful hints in the book as to the management of the operating theatre, instruments, &c., and the suggestions as to an out-patient room-nurse, and her duties are worthy of the attention of all hospital administrators. We see Dr. Jeaffreson suggests the use of sponges "where they can be safely used," but surely it is better in ophthalmic nursing to discard sponges altogether in favour of absorbent wool pads; the responsibility of keeping a sponge aseptic, when used for any ocular discharge, is too much for any nurse. There are useful sections on the applications of bandages, and on the management of cataract cases both before and after operation. A hint might have been given in the latter section as to the advisability of letting the patient know when the closed eye is going to be touched with the cotton-wool pad used in bathing the eye; a sensitive patient, if not warned, will often start and produce such a spasm of the ocular muscles as to re-open the corneal wound. Some of the remarks on massage and electricity can scarcely be placed in the category of nursing notes, and are more suited to a treatise on diseases of the eye. The book, however, contains much very useful and clearly conveyed information, and the instruction given is materially aided by some good illustrations.

MEETINGS.

LONDON HOMŒOPATHIC HOSPITAL.

Report of the Forty-fourth Annual General Meeting of the Governors, Donors, and Subscribers.

The forty-fourth annual general meeting of the governors, donors, and subscribers of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, was held on Tuesday, the 10th April, 1894, in the Board Room, 35, Queen Square, W.C., a special general meeting being convened to follow the ordinary annual meeting.

Mr. STILWELL, the Chairman of the Board of Management, occupied the chair, and among those present were :—The Hon. Algernon Grosvenor, Mr. W. H. Trapmann (treasurer), Captain Wale Willis, R.N., Dr. and Mrs. Epps, Mr. Ralph Callard, Mr. H. T. Wooderson, Mr. Stanley Cooper, Miss Durning Smith, Miss Notcutt, the Rev. Dacre Craven, Dr. Clifton, Dr. Galley Blackley, Mr. Knox Shaw, Mr. Charles Kelly, Dr. Dudgeon, Dr. Dyce Brown, Dr. Edwin A. Neatby, Dr. Byres Moir, Dr. Roberson Day, and other supporters of the hospital.

The proceedings commenced with prayer, offered by the Rev. DACRE CRAVEN, the Chaplain, and the SECRETARY-SUPERINTENDENT read the notice convening the meeting.

The minutes of the previous annual meeting, held on July 18th last, were submitted and confirmed.

Mr. G. A. CROSS (the Secretary-Superintendent) then read the Forty-fourth Annual Report.

The CHAIRMAN, who was well received, said: Ladies and gentlemen,—I rise to move the adoption of the report which you have just heard read. The death of our late President, Lord Ebury, as you have heard in the report, has been a great loss to us. We are all keenly aware of that, and we were in hopes that I should have been in a position this afternoon to announce to you the acceptance of the office by a successor to his lordship. I am sorry to say that I cannot do so at the present moment; but when the report has been adopted I will make a proposal with reference to the name of a distinguished nobleman who, I hope, may be induced to accept the position of President in the future. I regret as much as you do the deficit of £1,271 on the work of the nine months to the end of December. It is a very much larger deficit than we should have had if we had gone on to the 31st March, as we have done on other occasions; but we felt that it was a good thing to adopt as the close of our year the natural close of the year which all men have adopted—viz., the 31st December. But it cuts off from last year's income a large proportion of the annual subscriptions which generally come in in January and February. At the same time these are coming in, but even then we have not pulled up the deficiency; and it behoves all friends of the hospital to energise themselves to solicit from their friends further gifts, as well as to help themselves in the making up of this deficiency. Without this is done, I do not see how the work of the hospital is to be carried on as we hope to carry it on. An endowed cot was instituted on February 23rd last by a friend of the hospital, Miss Molyneux; she has sent us £750

to endow a child's cot. I am sure the grateful thanks of this hospital and its supporters are due to her for the very great interest she has shown in the matter. It is a very extraordinary thing that the out-patients, notwithstanding the closing of our old hospital, and the carrying on of the work in a building half the size, and with not the accommodation that we had in the old hospital, have increased during the last year in a most remarkable way. It shows that homœopathy is not, as some people say, dead, but that it is a power and influence with people who put their trust in that system as opposed to all other systems of medical treatment, and that the doctrines of Hahnemann, which we all consider so necessary for the true treatment of disease, are not losing power amongst the lower orders; those whose bread depends upon their own exertions, and who find that, treated by homœopathy, their illnesses are of shorter duration than when treated in any other way; and also that their strength is not so drawn upon, and that they are able to make a start the moment they are free from the doctor; they are able to make a start and go about their work at once. These are things which are making homœopathy more and more known amongst the lower orders—those whom this hospital is established to help and succour. I hope it will level up in time, and that everyone will be convinced of the power of homœopathy and the scientific nature of its rules. Up to the 31st of December last year the large number of 287,205 patients have been treated by the London Homœopathic Hospital; for nine years it was at work in Golden Square, and thence it was removed to Great Ormond Street; in those first nine years in Golden Square, to 1859, there were 24,894 patients treated; in the second nine years, to 1868, there were 49,470 patients treated; in the third nine years, to 1877, the patients numbered no less than 64,973; in the fourth nine years, ending in 1886, the patients numbered 66,075; and in the last seven years, up to the 31st of December last, the figures have risen to the extraordinary number of 81,793, making the total I mentioned just now of 287,205. If that rate of progress goes on for another two years, completing the fifth period of nine years, or 45 years altogether, the patients will number, for the two years, 23,369—practically equalling in two years the number of patients we had in the first nine years—bringing the total for the fifth period of nine years 105,162, with a grand total of 310,574. These figures show what a constant increase there has been; there is no falling-off in any one period of nine years; and it is a remarkable thing in the treatment of such large figures as are laid before us by our Secretary-Superintendent,

that there has been no diminution whatever going on, and that the work has been increasing, one may almost say, by leaps and bounds. I think I may say that these figures justify the oft-repeated statements of the board as to the great and increasing activity of this hospital and the immense and wide-spread benefits it confers upon the poor. The board were particularly gratified to see so many friends of the hospital at the foundation-stone ceremony, especially our old friends Dr. Yeldham and Mr. Cameron, who assisted Dr. Quin and the British Homœopathic Society in establishing the hospital in 1849; also the Miss Bartons were there—they take a deep and generous interest in the hospital; and that munificent lady who has contributed, as you have just heard, £9,000 already to the new building, and who will, before it is open, place a tenth thousand in our hands. (Applause.) We trust that the new building may be ready by the 31st May, 1895, so that we may then arrange for its opening ceremony in June, 1895. The Hospital Saturday Fund, by some financial arrangement of its own, has not this year paid us anything. They are generally very kind and very helpful. The Hospital Sunday Fund, I think, I have on a former occasion alluded to. They give to us not because we do a useful work, but because possibly we may have spent all our funds or have run into debt. I cannot help thinking—and I should like this to go forth to the public—that they should help us for work done and for help given to the poor; they give us smaller sums proportionately than the Saturday Fund, but simply to help those who are in difficulty is to encourage boards to run into debt, and I do not think that we ought to trust to running into debt as a reason for having large help from a fund of the kind. (Hear, hear.) You may, ladies and gentlemen, be interested to know that I saw the other day, at the studio of Mr. Nelson Maclean, the bust of our late lamented friend, Major Vaughan Morgan; it is an excellent likeness; it is striking in its resemblance to his features, and not only that, but the expression of the bust is his expression. I think that we could not have been more fortunate in the selection of the artist who has put such excellent work before us. Ladies and gentlemen, I beg to move the adoption of the report which has just been read to us. (Applause.

The Hon. Algernon Grosvenor said: Ladies and gentlemen,—I have great pleasure in seconding the adoption of the report, and I shall ask you to allow me to do so formally because I feel that I could not usefully add anything to the exhaustive report that has been laid before you, or to the excellent and able remarks which you have heard from our

Chairman. I may add, however, that since our Chairman has so ably occupied the chair he has had very special opportunities of observing the work and requirements of this hospital, and I know he has spared no pains in his endeavour to acquire full knowledge of its operations. I beg to second the adoption of this report.

The motion was carried unanimously.

Dr. Dudgeon: Mr. Chairman, ladies, and gentlemen,—I have very great pleasure in proposing to this assembly a vote of thanks to the Board of Management for its industrious and assiduous care of this hospital: but for their work the excellent report that we have had, showing the flourishing state of the hospital, would not have reached us; then we have a Treasurer or Vice-Treasurer who is certainly second to none; we have also to thank the Medical Staff, without whose skill and whose care the excellent results of the treatment by the homœopathic system in this hospital would not have been obtained. To the Lady Visitors also we are very much indebted for the comfort and solace they are able to afford to the patients. The Honorary Solicitor, Honorary Architect, and Chemists likewise deserve your grateful thanks for the excellent services they have rendered to the hospital. We hope that long before we meet this time next year we shall be able to show the results of the skill of our Honorary Architect in the certain elevation, if not the completion and construction of the new building. Ladies and gentlemen, I will not detain you any longer, but beg that you will give a hearty vote of thanks to these officials, whose titles I have just enumerated.

Dr. Dyce Brown: I have very great pleasure in seconding the motion proposed by Dr. Dudgeon; and after what he has said it is unnecessary to take up your time in going into the details. It is impossible to know—and many people forget to take it into account—what immensely valuable services each official connected with this hospital performs. The working of a large hospital like this satisfactorily so entirely depends upon the management; not only the management of the Board and the House Committee, which is so immensely important, but also upon the proper performance of the duties of each individual on the various staffs. I think, from the report that we have had from Mr. Cross, everyone will see how satisfactory—thoroughly satisfactory—the hospital is in every way, and I am sure we are immensely indebted to all the various members of the important staffs here mentioned—the Board of Management, the House Committee, Vice-Treasurer, Medical Staff, Lady Visitors, Honorary Solicitors, Honorary Architect, and the Honorary

Chemists. Each does his part so admirably that the hospital works most satisfactorily, and the best is done in every way.

The CHAIRMAN: Will you please add to the resolution the name of our Secretary-Superintendent. It is his modesty which has caused him to omit his name from the resolution, and you all know how valuable have been his services.

Dr. DYCE BROWN: Oh, yes, certainly, we must add the name of Mr. Cross. As our Secretary-Superintendent, he is an exceedingly important official in looking after every department and in taking an active official part in every branch of the work of the hospital. I think his post is one of very great value, and that we owe Mr. Cross a very deep debt of gratitude for the way in which he conducts his work. (Hear, hear). I have very great pleasure in seconding this resolution of a vote of thanks.

The resolution was adopted with acclamation.

The CHAIRMAN, on behalf of the Board of Management, said: I have to thank you for your vote of thanks to the Board of Management and to the House Committee.

The REV. DACRE CRAVEN returned thanks for the Lady Visitors.

Mr. KNOX SHAW: Mr. Chairman, ladies, and gentlemen, as I stand here more particularly to return thanks on behalf of myself and colleagues of the medical staff for the vote you have just carried, and the thanks you have accorded us, you will forgive me if I confine my remarks to the special subject, the medical staff, which I represent. I may say that I have listened with a very great deal of pleasure to the remarks you made in moving the adoption of the report. It is impossible to have a clearer statement than that which you have made as to the increase of the patients. The effect it made upon my mind was this, that here we see clearly the proof of increased activity of the medical staff of this hospital; for I think that without egotism I may distinctly say that if it were not for the efforts made by the staff of the hospital, we should not have had such an extraordinary increase in the number of patients as has taken place in the last seven years of the hospital's existence; and I think that, as a student of the progress of the hospital, I may safely say that the increased activity of the staff of the hospital, the increased amount of energy which I know they have thrown into their work in this hospital, dates from about seven years ago; and it may be imagined what we shall have if we go on at this rate of progress at the conclusion of the fifth period of nine years. We shall have double the amount of work done that we had in the immediately preceding nine years of the hospital's history.

The increased activity of the staff in this hospital is shown in rather a disastrous manner in the large deficit, which I am sorry to hear has been laid before us; but I think I may hope that there may be as comparatively increased activity among the friends and supporters of the hospital as there has been in the past among the members of the medical staff. If this is done we shall have no deficits to clear off and to listen to in the annual report. This we desire specially should be the case with the hospital in its new quarters, where we hope it will be recognised not only in London and the immediately surrounding districts, but elsewhere, as one of the leading hospitals in London. We hope that the friends of homœopathy will support the efforts of the Board of Management and the medical staff to make this hospital to be unequalled in its work in this district of London. (Applause.)

Dr. CLIFTON: May I be allowed to make a remark here in regard to the medical staff? I have a resolution to propose, but after this the remarks which I have to make will be out of place. I may be regarded as an old fogey, living sixty or seventy miles away, yet I have always been interested in this hospital and in the medical staff. There is one part of the work which the staff has had in hand, and which has not been noticed—namely, the consultation day for difficult cases. I have met with many during the last six or nine months who have frequently remarked what an admirable institution this is. I think we ought to thank the staff for having inaugurated it. In the report, I believe, it was noticed that there had been a few visits made to the homes of patients. Now, I think that if that work could be extended much more than it is—something on the basis of the Liverpool Hospital and Dispensary—it would bring a still greater number of out-patients, and at the same time bring a great many more in-patients. (Applause.)

The CHAIRMAN: I announced just now that the office of President is vacant. I have been in communication with the Earl of Wemyss and March, and I have tendered to him the request, too, that he would allow his name to be mentioned as our President. I had a very kind letter from him in reply. I am sorry to say that it is not quite "yes," but I am glad it is not quite "no." He has left the matter somewhat in doubt. I would therefore propose to this meeting "That the Earl of Wemyss and March be asked if he would be so good as to become our President," and I would propose that he should be so elected, subject to his lordship's acceptance of the office. I hope by this means we shall acquire his distinguished name at the head of our list of officers. (Hear, hear.)

Mr. W. H. Trapmann formally seconded the motion, which was unanimously carried.

Dr. Clifton proposed the election of the retiring members of the Board of Management, and moved that "Major-General Beynon, Captain Davies, Mr. William Burdon Muller, Mr. Alfred Robert Pite, and Mr. James Slater, be re-elected members of the Board of Management, and that the appointment to the Board of Lord Deramore, Mr. F. G. Smart and Captain Wale Willis, R.N., be confirmed."

Dr. Edwin A. Neatby had very much pleasure in seconding the resolution.

The resolution was carried unanimously.

The Chairman: I can only say that I fully concur in all that fell from Mr. Knox Shaw just now on the subject of the increased number of patients being the result of the increased work of the medical staff and the interest they have felt in it, and in the hard work which they have actually put into the hospital day by day. I say that we cannot be too thankful to them for the way in which they do their work here. (Applause.) It gives us all a great pleasure to be able to offer that reflection.

The Hon. Algernon Grosvenor: I beg to move the resolution confirming the appointment of Dr. Edwin A. Neatby as Assistant-Physician for the Diseases of Women. I feel sure that no words are needed from me to ensure the unanimous confirmation of this appointment.

Mr. C. Kelly: I second it.

The motion was carried *nem. con.*, as was also a formal resolution by the Hon. Algernon Grosvenor for the re-appointment of the medical staff.

The Chairman: The annual general meeting is now at an end, and we begin a

Special General Meeting of the Governors, Donors, and Subscribers.

The Secretary-Superintendent will read the notice convening the meeting.

Mr. G. A. Cross then read the notice convening the meeting, and also a recommendation from the Trustees and a recommendation from the Board of Management, both of which advised that the Governors, donors, and subscribers of the London Homœopathic Hospital should authorise the Trustees of the hospital to appropriate a portion of the reserve fund, not exceeding £2,000, for the use and service of the hospital in defraying the cost of the adaptation of the Nursing Institute, in Powis Place, as a temporary hospital for carrying on the work of the charity during the erection

of the new hospital. The recommendations were signed by the Trustees and by the Chairman of the Board of Management.

The CHAIRMAN: Ladies and gentlemen,—You must be aware that in moving a large institution of the kind which our hospital is from one building to another, although those two buildings were situated side by side, would involve some little expense, and in the unfortunate condition of our finances at the present moment, with a deficit of £1,200, that expense cannot be borne out of income. The cost of re-constructing our nursing wing as a temporary hospital was up to the end of December last £1,482 14s. 11d. Some further expense may be necessary, but we expect that this will not be large, and that it will all be very much below £2,000. But we ask you to sanction the taking of £2,000 from the reserve fund in order to meet this extra expense. We cannot take it out of the new building fund, because we are going to the public for £12,000 to increase the new building fund, and we hope to get it, but we are also hoping to get this extra £2,000, in addition, to replace the amount, as well as some which has been spent on buying the freeholds of this house (35, Queen Square) and the one next to it, and the public-house beyond, which have all been purchased out of our reserve fund. This sum of £1,400 has been advanced out of the building fund, and we want to place that amount back again. Our efforts will be made to collect sufficient to replace this amount to the reserve fund; we hope that it is only a temporary arrangement, and at the same time we are determined to make every effort to get it back again. We deprecate any withdrawal of sums from the reserve funds, and we regard this matter as in the nature of a loan to the building fund, to be repaid to the reserve fund when practicable. With this object we have had under consideration whether it should not be added to the sum we shall have to appeal for in order to open the new building free of debt. Instead of asking for £12,000, we may thus have to ask for £14,000, and we are hoping that if we ask for it we shall get it. I therefore beg to move "That the Governors, donors, and subscribers of the London Homœopathic Hospital hereby authorise and direct the Trustees of the Hospital to appropriate a portion of the reserve fund not exceeding £2,000, for the use and service of the hospital in defraying the cost of the adaptation of the Nursing Institute in Powis Place as a temporary hospital for carrying on the work of the charity during the erection of the new hospital."

Mr. W. H. TRAPMANN: I am very pleased to second the resolution.

The resolution was carried unanimously.

Dr. Dudgeon: I have very great pleasure in proposing a hearty vote of thanks to the chairman. All those connected with this hospital must remember, and with regret, that circumstances have altered the way in which the chair has been filled by our former noble President, the late Lord Ebury. His was a presence which filled the room with the air and bearing of nobleness, we may say, which we can scarcely hope to see repeated in our time. We must also regret much the departure to the majority of our other chairman, Major Vaughan Morgan, the predecessor of the present Chairman. None will ever be able sufficiently to appreciate the great energy which he devoted to the hospital. But I am not going to dwell upon the merits of the past, we must consider the present. I am sure, ladies and gentlemen, from your observations of the manner in which the Chairman has fulfilled his duties to-day, you must see that we have a very efficient successor to the past Chairman in our present one, Mr. Stilwell. (Hear, hear.) I hope, then, ladies and gentlemen, that you will warmly thank him for his conduct in the chair, and the devotion with which he has given himself up to the interests of this hospital. (Applause.)

Dr. Dyce Brown: I have very great pleasure in seconding this motion which Dr. Dudgeon has so ably proposed.

The motion having been carried with acclamation.

Mr. Stilwell, in returning thanks, said: Ladies and gentlemen, I have to thank you very much, and Dr. Dudgeon and Dr. Dyce Brown for the way in which they have spoken of my services—my humble services. When I entered upon the chairmanship of this Hospital I did so with the utmost diffidence. I knew the great man I had to succeed; I knew I could not do for the hospital what he had done, but I made up my mind that I would do what I could, and that I would do it to the utmost of my power. It pleases me very much to hear you speak of my humble services in the way you have done to-day, and I thank you very much. (Cheers.)

The proceedings then terminated.

THE HAHNEMANN DINNER.

At a largely attended and most enjoyable dinner, at the Criterion, on the 10th of April, the members of the British Homœopathic Society celebrated at one and the same time the anniversary of Hahnemann's birth and the jubilee year of the Society's existence.

Mr. Hugh Cameron, President, occupied the chair, supported on his right hand by Dr. Madden, Vice-President; the vice-chair being occupied by Dr. Goldsbrough, Vice-President. The guests of the Society were Dr. Lambreghts, *fils*, of

Antwerp; Messrs. Stilwell, Trapman and Cross, representing the London Homœopathic Hospital; Mr. R. W. Perks, M.P., President of the Bromley Homœopathic Hospital; Mr. Sydney Gedge, Mr. W. Langton, Treasurer of the Tunbridge Wells Homœopathic Hospital, and Mr. Bedford Liddiard, Secretary of the Buchanan Cottage Hospital. Amongst members of the society, and their friends, were: Dr. Harper, Dr. Carfrae, Dr. Yeldham, Dr. Hughes, Dr. Dudgeon, Dr. Dyce Brown, Dr. Galley Blackley, Dr, Pope, Mr. Edwyn Pope, Dr. Clifton, Mr. M. P. Manfield, M.P., Mr. H. Turner, Dr. Byres Moir, Mr. Kluht, Dr. Epps, Mr. Hahnemann Epps, Mr. Justice, Dr. Johnstone, Dr. Gould, Dr. Burford, Dr. Butcher, Mr. Gerard Smith, Dr. Percy Wilde, Mr. Pigott, Dr. Herbert Nankivell, Dr. F. Nankivell, Dr. B. W. Nankivell, Surgeon-Captain Deane, Dr. Edward Blake, Mr. Cowley Lambert, Mr. Dudley Wright, Dr. Molson, Mr. Spencer Cox, Mr. E. H. Laurie, Mr. Henry Harris, Messrs. Harris (2), Rev. R. J. Tilson, Dr. Bennett, Mr. Frank Shaw, Mr. Sanders, Dr. E. J. Hawkes, Dr. Arnold, Dr. Hall, Dr. Murray, Dr. Stopford, Dr. A. R. Croucher, Dr. Pincott, Dr. Luscombe, Mr. H. J. Pulling, Dr. Douglas Moir, Dr. Alfred Powell, Dr. Roberson Day, Mr. H. Lambert, Dr. Mackechnie, Dr. Geo. Scriven, Dr. A. H. Croucher, Dr. Rowse, Dr. Gilbert, Dr. Pullar, Dr. Neild, Mr. Ashley Bird, Mr. Black Noble, Rev. W. Corbett, Dr. MacNish, Dr. A. E. Hawkes, Dr. Gordon Smith, Dr. Hayle, and Mr. Knox Shaw (Secretary).

Dr. Madden, V. P., having announced the receipt of letters and telegrams of congratulation from Dr. Sulzer, of Berlin, and several others, proceeded to propose "The Health of the Queen, the Prince of Wales, and the Rest of the Royal Family." In doing so, he dealt upon the generous and ready manner in which the members of the Royal family had one and all responded to the calls which had been made upon them in connection with their public institutions, whether hospitals or medical schools. (Cheers.) He did not suppose that there was a single adult member of the family whose name did not appear among the patrons of one and sometimes of several of the hospitals and charities, and who had not taken the chair at dinners or opened innumerable bazaars. Nor could they as homœopaths complain of having been left out in the cold. For many more years than he could remember they had the name of the Duchess of Cambridge (cheers) and her daughter, the Duchess of Teck (cheers), as Patronesses of the Hospital, and he hoped it would not be very long before her daughter, who was destined one day to occupy the position of the first lady in the land, would

again allow her name to be added to the list. Therefore, not only as loyal subjects of the Queen, but as having special reasons for gratitude to her, he asked them to drink the toast of "The Queen and the Members of the Royal Family." (Cheers.)

Dr. DUDGEON said he had some diffidence in proposing the toast of the Memory of Hahnemann, as the President was, undoubtedly, the fittest for the occasion, he being the only one in the room who had enjoyed the friendship of the great man. But as the President had other arduous duties to perform, he had acceded to the request of the Secretary in order to relieve the President. And there was, perhaps, a certain fitness in appointing him (Dr. D.) to propose the toast. Hahnemann died 51 years ago—in 1843, the year when he (the speaker) was born into the homœopathic world, with the aid of his dear old friend, Dr. Drysdale. It was a year or two before he quite got rid of his allopathic *decidua*. Hahnemann was born 139 years ago, and the state of traditional medicine was then, and up to the time of his death, 88 years later, much as it had been for many centuries previously, a weary round of bleeding, purging, blistering, and other painful procedures, latterly varied by mercurialisation. Each of these debilitating and torturing methods was declared by the profession to be their sheet anchors. He did not know what a sheet anchor was, but he knew that anchors were used for keeping a ship from going on, and no doubt these sheet anchors had prevented the ship of old medicine from making any progress. Patients seem to have been treated as criminals, and were severely punished for having the temerity to contract diseases. Hahnemann was at first denounced and abused by his contemporaries for asserting that diseases could be cured without the debilitating and painful procedures hitherto universally recommended and practised by the medical art. His old friend, Hufeland, the Nestor of old physic, called him a murderer by implication for refraining from blood-letting in inflammatory diseases, and his followers were persecuted and subjected to criminal indictments for refusing to employ the ordinary methods. But patients, seeing that the homœopaths cured diseases without these painful and weakening methods, refused to be bled and tortured in the old style, so the partisans of old physic gradually dropped their old methods and changed their treatment to the modern plan of treatment, which consists chiefly in the administration of tonics, stimulants and narcotics. They had to give an explanation of this complete change of their treatment. They could not, of course, allow that the teachings and practice of Hahne-

mann had anything to do with this change. In ancient times the wise men came from the east, nowadays they mostly reside in the north. The College of Physicians of Edinburgh, where the wise men of allopathy abound, met together in solemn conclave and promulgated the doctrine that diseases, which had hitherto required all the cruel and sanguinary treatment hitherto employed, had suddenly and coincidently with the spread of homœopathy changed their type and now required only soothing and supporting treatment. In this College of Physicians there was apparently no surgeon to perform the operation required in order to get this monstrous joke into the heads of these Scotchmen, so they took the matter quite seriously. Their idea spread rapidly across the border and was hailed with enthusiasm by their English colleagues, who felt that it was a splendid plan for dishing the homœopaths and for depriving Hahnemann of all credit in respect of the marvellous change in their practice. Though Scotchmen may be made to perceive a joke by a surgical operation, no operation that ever was devised can get a joke into the head of the average English allopath, so for a time the change of type of disease joke was accepted in serious earnest by the majority of the profession. However, some of the wiser heads of the profession exposed the fallacy of the Scotch explanation, and it was rapidly laughed off the field, and consigned to the limbo of exploded doctrines. The change of treatment was now ascribed to the advance of science, by which was chiefly meant experiments on animals. But it may be positively asserted that experiments with drugs on animals have never afforded the slighest hint as to their use in the treatment of human diseases. However, advance of science is universally accepted as the cause of the change of treatment that is so notorious, and all credit for the change is still denied to Hahnemann and his teachings. Of late years the old school has borrowed, without acknowledgment, many of the remedies of the homœopathic materia medica. But though they employ these remedies for the very diseases for which homœopathy employs them, they take good care not to admit that they are given on the homœopathic principle. Ipecacuanha cures vomiting, because it acts as a tonic on the pneumogastric nerve; aconite cures inflammatory fever on account of its inhibitory action on the vaso-motor nerves, and so on with the other remedies they take from homœopathy; any explanation of their action except the acknowledgment that the principle *similia similibus* suffices. Latterly some allopathic writers have admitted that the homœopathic rule is of partial appli-

cation, but they deny to Hahnemann the credit of its discovery, which they give to Hippocrates, Paracelsus, or some other writer of antiquity. Hahnemann in the *Organon* quotes all the writers of the past who have testified to the occasional success of the therapeutic rule of similars. His merit is that he perceived that it was the great and general law of therapeutics. Homœopathy has not escaped the fate that attends most great revolutions. It has its faddists. Some of its adherents fix upon some minor point of Hahnemann's teaching or supposed teaching, and elevate it into a chief doctrine, compared with which all others, even *similia similibus* itself, are of secondary value, or are even undeserving of attention, and yet they profess the greatest veneration for Hahnemann, and claim to be the only true homœopathists. They reminded him of a saying of that celebrated Hibernian M.P., Sir Boyle Roche, who said that his attachment to the British Constitution was so great that sooner than part with the smallest portion of it he would sacrifice all the rest. Homœopathy is so popular that it has its imitators and parasites. Chemists make up their medicines into colourable imitations of the homœopathic pilules and tablets. An Italian count sells his secret nostrums under the name of electro-homœopathy. Burggrave's dosimetric medicine is a burlesque of homœopathy. As time removes us from Hahnemann, his greatness and his eminence above all physicians of ancient or modern times proves all the more conspicuous, just as Mont Blanc towers above all the Alpine range as we recede from it. As Kepler's law is to astronomy, as Newton's law is to physics, as Dalton's law is to chemistry, so is Hahnemann's law to medicine—and Hahnemann will go down to posterity in company with the great men who have immortalised themselves by the discovery of general laws in science. We may apply to Hahnemann an adaptation of the famous couplet addressed to Newton and say:—

> The law of healing long lay hid in night.
> God said "Let Hahnemann be," and all was light.

Let us drink in silence to the Memory of Hahnemann.

The PRESIDENT, who on rising to propose THE MEMORY OF QUIN, began by expressing his obligation to the society for permitting him, in consequence of failing health and the heavy burden of old age, to delegate many of the duties devolving upon the occupant of the chair to the vice-president, the treasurer and secretary; while among the many favours which he said he owed to the society, there was none which he valued more than the privilege it had always conferred upon him, since the revival of the Hahnemann dinner, of proposing a toast to the memory of Quin their

founder and his own dear and lamented friend. It was on the evening of April 10th, 1844 (Hahnemann's birthday), that Dr. Quin, after all the necessary formalities had been gone through, rose from the little green baize table, around which the newly-elected members of the society, eight in number, were seated, and formally declared the British Homœopathic Society founded. This declaration was received with vociferous cheers by the small band of members who constituted the society, Quin, Partridge, Gillioli, Hering, Wood, Dunsford, Mayne and myself all upstanding, handshaking all round, grasping the President by both hands with hearty congratulations on this crowning of his most arduous and long continued labours in the work. The joyous tone and hilarity that reigned over this meeting were in strict unison with the harmony that never failed at our subsequent gatherings and has been maintained to this day. The elastic spirits of our President, the charm of his manner, his ready wit that never offended, and which none enjoyed more than the subject of it, were never wanting. When our society grew larger it lost by its increase some of that family character which was so attractive as long as Quin's accommodation of space could hold us all, yet this homely domestic atmosphere which it breathed at its birth never deserted it. Quin's personality seems to have remained always with us. To show the free and general feeling we were in from the first perhaps you will allow me to give you an illustration of it. After all the office bearers had been elected, president, vice-president, secretary and treasurer, four in number, leaving the three members, Drs. Dunsford, Mayne and myself unadorned, so in mock heroic style I got up and complained of being left out in the cold, and that while all the rest had had honours conferred upon them and were made generals, majors, colonels and captains we were consigned to the ranks which was always the strongest division of a regiment, instead of being the weakest, as with us. I suggested that as our treasurer had not one penny in the regimental chest, and as his office was a mere sinecure he should be deprived of it and sent to join us in the ranks. Quin, always a safe card, declared me guilty of rank mutiny, and looking at me with eyes severe condemned me to be tried by a court-martial. This was immediately done, and I was sentenced to be shot or to write a paper for the society. I at once decided to be shot rather than write a paper, a decision which at once commanded great rounds of applause for my great generosity on thus relieving the society from the infliction of having to listen to a paper from me. The President then proposed that in order to mark their appreciation of my feeling for the society I

should have the first vacant place at their disposal, such as the post of doorkeeper or porter. The decision of the committee to which the question was referred, was "don't you wish you may get it." In the course of this first meeting of our infantile society, a discussion arose among the members as to what were the principal impediments to the propagation of homœopathy. A good many were mentioned, but the members were unanimous in attributing the most formidable and most hopeless obstruction to the universal and firmly established practice of unlimited physicking and drugging that prevailed among all classes in England. Murderous physicking was then in all its glory. The physician, who could boast that he had physicked his patients to the nearest measurable distance of the limit of human endurance, was considered the most practical in his profession. Bleeding in the most heroic quantities; cupping *ad libitum;* leeches in any number; blistering; drastic purging; blue pill; salivation, with its disgusting surroundings, enough to cause a pestilence according to more recent ideas, narcotics in almost poisonous doses, and all the rest of the outrageous practices was in such favour, as made even any mitigation of it appear hopeless, while if any doctor more merciful than his neighbour habitually ventured upon milder prescriptions, he was denounced as a milk and water charlatan. It was while this ruthless medication was rampant that this discussion took place in the new society, and it can be no wonder to anyone that its universal reign seemed so hopeless a bar to the early progress of homœopathy in this country, as to be considered the most formidable of all the obstacles by the members. Dr. Quin, however, whose practice even at that early date was very extensive, having wider grounds to judge from, did not take so gloomy a view of the matter, though he freely acknowledged its discouraging aspect at that moment. He expressed his conviction that as the blessings of homœopathy became better known and extended, this terrible kind of practice would be condemned and abandoned. When we recall all the horrors of that medication 50 years ago, and contrast it now with what is the general practice even among the most notable physickers, if any still remain, we have every reason to congratulate homœopathy on the marvellous victory which its influence has already achieved over this destructive evil, especially as the allopathic body, to their honour, acknowledge that the change is due entirely to that cause. Fifty years ago, among all the formidable obstacles to the progress of homœopathy, this universal system of physicking was generally considered the most serious and hopeless; it has

now become virtually extinct, almost a tradition. This is such a triumph that we may confidently anticipate that the other impediments still in our way will share the same fate at our hands, and it was to enforce this encouragement on your minds that I quoted this example. When the next anniversary of the Jubilee comes round, may the disabilities which still clog our progress, but which are no more insuperable than this one was 50 years ago be things of the past like it. It is impossible for us to exaggerate our obligation to Dr. Quin for the services he has rendered to our cause, and here time prevents me from entering minutely into many of them. I will, therefore, confine myself to a very few public examples. Of these the introduction of homœopathy into England claims the first acknowledgment, and is, no doubt, the most important. He had been for some years in extensive practice in Rome, Paris and Naples, amongst the highest circles of English Society, who resorted in great numbers in those days to these gay and cheerful cities as a winter and spring residence. Among this society he formed most intimate friendships and was a welcome guest at every table—friendships that ended only with his life. When he hoisted the standard of homœopathy in this country he was received in open arms by troops of his former friends, who flocked to his banner at once. Thus was homœopathy, from its very beginning in England, established at once on the most advantageous footing that could be desired for its success, and the esteem with which Quin was regarded in those exalted ranks was gradually extended to his medical followers, who thus obtained a social position which has been of vital importance to homœopathy, and which has been maintained intact to this day. Thus, after a few years of very arduous labour and professional persecution of a very malignant kind, he conferred upon us his second greatest service by laying the foundation of this society, whose jubilee we are now celebrating, and whose magnificent display of members this evening proves its perfect success, and by its contrast of numbers, and by affection recalls vividly the little meeting of eight members at which it was established, and of whom I alone now remain. Soon after this great achievement of Quin's, came his foundation of the London Homœopathic Hospital, which now, in its third edition, is rising rapidly to be one of the most complete and attractive buildings of its kind in London; and as this large meeting of our society recalls the scanty first meeting of our body, so this new and ample structure recalls our first little hospital in Golden Square, the memory

of which will always be dear to us as the spot where homœopathy first won its spurs in London by the marvellous success and triumph which it obtained in its glorious struggle with that terrible outbreak of cholera in 1854, amid such appalling scenes of mortality and terror as no one who witnessed them can ever forget, or care to think or speak of. As volunteer assistant to one of the first cholera hospitals in the epidemic of 1832 in Edinburgh, I thought that no horrors could exceed what I witnessed then, but they were child's play in comparison. In justice to my fellow-workers in the dreadful circumstances, I trust that you will forgive me for adding that the treatment in that outbreak was carried on solely from its beginning to its end by Dr. Hamilton, Dr. Mackechnie, and myself. Dr. Mackechnie was our house-surgeon, and to his devotion by night and day a very great share of the credit of our success is due. Our success you may remember was testified to by Dr. Macloughlin, the Government Inspector of Hospitals, during that epidemic in a full and generous manner in the letter he addressed to me, which Quin used to call our Magna Charta, and which, I hope, the society will accept from me and guard carefully in their archives. Quin further held us under obligations to him by his donations and legacy to our hospital amounting in all to £18,000. I hope that from what I have said you will feel that I was justified when I said that it was impossible to exaggerate the services Quin has rendered to us. Such, gentlemen, was Dr. Quin, and should the day ever come when his services to our cause are forgotten, or his name ever overlooked when this society is paying its highest honours to the memories of our greatest benefactors and predecessors, homœopathy will then be very near that ruin of character, position and honour which our opponents lavishly prophesy is its certain fate. I now ask you to drink in solemn silence to the memory of Dr. Quin.

The toast was accordingly drank in silence.

Dr. Hughes then rose to propose "Prosperity to the British Homœopathic Society." He was honoured (he said) by being entrusted with what might well be called the toast of the evening. As they knew, the society had met to keep its Jubilee—the 50th anniversary of the day when its foundation was laid in its eight original members, of whom our present President was the last, but not the least worthy, survivor. The society had grown since then. When he (Dr. Hughes) joined it in 1861, it had just over 100 members; now the roll-call numbers more than 200, and he believed that their energetic honorary secretary, to whom so much of their recent increase was due, did not intend to relax his efforts till

every worthy representative of homœopathy in the United Kingdom had been gathered into its ranks. (Cheers.) The society had grown ; but whether its members had been few or many, it had striven to fulfil the duties for which such associations have their being. It had ever held up before its members a high standard of professional character—reminding them that they had duties, not only to the public they served, but to the ancient and noble fellowship to which they belonged, whose honourable traditions they were bound to maintain, the more strictly that they differed from the majority in therapeutic opinion. It had acted for them as a Court of Honour, to which the disputes that will from time to time, unhappily, arise between colleagues, might be brought to receive adjudication and (if possible) healing. Above all, by its monthly meetings, which since 1845 had been kept up throughout, or for the greater part of each year, it had given them opportunity for communicating thought and experience, and for discussing together the various points of homœopathic theory and practice. While this had been the (so to speak) internal work of the society, it had not been wanting in service to homœopathy at large. It had collected a library, which was, he ventured to say, second to none in the world for richness in homœopathic literature ; and which was open for consultation to any accredited representative of our system. It had founded in 1862, and sustained to the present time, a journal which gave to the profession at large its transactions and discussions. It had brought order into the chaos of homœopathic pharmacy in Great Britain by drawing up and issuing an authoritative pharmacopœia. It had published, or assisted in the publication of, several important homœopathic works. Above all, it had initiated and, with the co-operation of its coæval sister, the American Institute of Homœopathy (to whom it took this opportunity of sending a hearty greeting)—(cheers) —had carried through the task of providing students with our whole wealth of drug-pathogenesy in a form unvitiated, undistorted ; alike interesting, intelligible, and instructive. Nor had it been unmindful of practical needs. To this society, inspired by Dr. Quin, and aided by his liberality and that of the many public-spirited laymen who rallied round him, is due the London Homœopathic Hospital, now rising, phœnix-like, not from its ashes but from its ruins, to do, we believe, under better auspices yet more useful work. Well, then, in asking them to honour this toast, he called on them to breathe the desire that the future of the society might be worthy of its past ; that it might continue to be to its members an inspiration of honour, a bond of union and peace, an arena

for the fruitful exercise of their intellects, while to homœopathy at large, and to British homœopathy in particular, it acted as a rallying centre, a motive energy, and—should occasion demand it—an effectual aid. (Cheers.)

Dr. MADDEN, V. P., in responding on behalf of the society, thanked Dr. Hughes for the encomium he had passed upon the society, of which they were all proud to be members. He reminded his hearers that their society was the only one in the kingdom, together with its branches, in which it was possible to discuss all questions relating to medical work. (Hear, hear.) Every other society tabooed homœopathy, but they not only discussed homœopathy, but every other question of importance and interest to them as medical practitioners. Not only so, but though not posted in the births and deaths of medical societies in this country, he felt sure that it must be one of the oldest societies now living. It had an unbroken record of 50 years. Its monthly meetings had never been stopped for a single session, or, he believed, for a single month. Homœopathy was always spoken of as being a new system, and the dominant method of practice as the old system, but it seemed to him that the epithets should be reversed; it was within two years of attaining its centenary, and he was certain that there was hardly a bit of allopathic practice which could lay claim to an equal age. Not only so, but their system was in all essentials exactly the same as when it was commenced by Hahnemann. He would give a typical and striking example of that. Not many months ago a member of that society received a letter from a missionary in Central Africa, asking him if he could suggest a treatment for a very serious form of African fever, which utterly failed to yield to the ordinary allopathic treatment. In order to send the best answer he could, that gentleman carefully wrote out the symptoms of the disease, and sent the description round to about a dozen representative homœopathic physicians, and the answer was practically unanimous. (Cheers.) Nearly all who had been applied to had advised the same treatment, and almost in the same words. Could such a thing happen had the matter been referred to twelve allopaths? Unless, indeed, they all advised *antipyrin*, or whatever might be the fashionable remedy of the last few months, he thought hardly two of them would have advised the same treatment, whereas homœopathy, being a system and not merely an isolated practice picked up in fragments from various authorities, all homœopathists worked out remedies on the same lines, and hence their unanimity in the choice of them. In this Jubilee year of their society, it

was very pleasant to know that they were showing signs not only of continued, but of increased vitality. Never before had the society numbered so many members as it did to-day. (Cheers.) Never before had it included so many who confessed the truth of homœopathy. Never had they had a more energetic secretary than they had at the present time. An ideal homœopathic society would include all who recommended the truth of homœopathic principles, but in every form of enthusiasm there must be some ultra-enthusiasts, and homœopathy had not escaped that misfortune. Some there were of such who considered those who chose to follow them in their extravagancies as not at all true homœopathists. Others there were again who, while acknowledging the truth of homœopathy, acknowledged it only as *one* principle of treatment, and failing to see its great superiority to all other therapeutic principles, refused to come openly forward as homœopathists. Such defections could not be helped, but the society contained now, he believed, almost the whole of the rest of British homœopathic practitioners. Besides this increased numerical strength, there was an increase of activity, of life, of energy, such as he, at all events, did not remember ever to have seen the like of. Not only was the society larger and better managed, but its members felt that they were going to do the work which homœopathy ought to have done before in this country, and they would not stop now until they had leavened the whole lump of the profession. (Cheers.)

Dr. Hawkes (Liverpool) expressed his regret that neither Dr. Ellis, the President, Dr. Hayward, the representative on the Council, or Mr. D. Capper, the secretary of the Liverpool branch, was able to be present. He referred to the formation of the Liverpool Homœopathic Medico-Chirurgical Society, in May, 1857, at the house of the late Dr. Drysdale, when Drs. Roche, Stokes and Hayward were present in addition to their host. He further mentioned the fact that of the four founders only Dr. Hayward survived—a circumstance which rendered his unavoidable absence on that occasion the more disappointing to them. Dr. Hawkes stated that among other results due to the formation and maintenance of that society was, he believed, the good feeling which, for the most part, was entertained towards them by their allopathic brethren in Liverpool. He related how on walking, not long since, along the street which, on the supposition that Æsculapius occasionally used his father's consulting room, may be styled the Delphi of the Liverpool well-to-do sick, he met three allopathic friends. The first, a well-known microscopist, referred to a pathological specimen

of interest to both. The second told him of a rare skin affection, an example of which he had in his wards, and invited him to see it. The third informed him of an operation arranged for the morrow at another hospital, and asked him to be present. He (Dr. Hawkes) was not going to lightly esteem such professional consideration, and that while he should hold his own views, and continue to act according to his convictions, he should do all he could, both for his own comfort, and for the sake of those who confided in him, to cherish the goodwill of those who, while they differed from him in some important particulars, were willing to be friendly notwithstanding. He expressed the pleasure it had afforded them to amalgamate their society with the London one, and to second the energetic action of Mr. Knox Shaw. He suggested that it might unfortunately have happened to some of them to have been associated with certain Life Insurance Societies whose impending failure had rendered necessary their amalgamation with stronger societies. Such had not been their case; they had added their strength to the greater strength of the older society, in the hope and with the conviction, that united they would be stronger than ever. He thanked them in conclusion for their good wishes for the important branch he had the honour to represent. (Cheers.)

Dr. Goldsbrough said: Gentlemen, I am entrusted with a toast which I feel confident you will honour with delight and with enthusiasm. It is that of "The Health of the President," in this the Jubilee year of our Society, one thousand eight hundred and ninety-four. We rejoice that Mr. Cameron is able to be present with us to-night. It was feared in December and January that it would be impossible for him to come. His medical man absolutely prohibited his thinking of it. It is good for us sometimes, perhaps, to have our opinions set aside, especially in the way of prognosis; at any rate, the opinion of Mr. Cameron's medical man had had to be modified, and we are all very glad that it had. Gentlemen, Mr. Cameron is not only our President in the Jubilee year, but the Jubilee year is the jubilee of his membership. We congratuate him, and drink his health all the more heartily on account of it. A veteran member of the society has reminded me that in proposing this toast I have to fulfil a very delicate function. Gentlemen, I am very sensible of that fact, and I must ask you to bear with me for a few minutes while I try to suggest to your minds a few thoughts relating to the position of our President on this unique occasion. Personally, I have not known Mr. Cameron very long, although his name, face, and figure have been familiar

at the meetings of the society until within a few years ago. During the past six months, however, in common with other members of the Council, I have enjoyed the privilege of meeting him at his own house, and such has been the impression made upon me, that on thinking over what I might say this evening some words have been forcibly brought to my mind which I have not been able to eliminate. Without doubt, observing Mr. Cameron's gentleness, quietness of manner, courtesy, and kindness of heart, combined with his insight into and decision upon points of principle and detail relating to the Society's work, these qualities have made one feel that he has been able to realise in life the aspiration of an ancient prophet when he says "in quietness and confidence shall be your strength." (Cheers.) Of course I apply these words more particularly to homœopathy. Fifty years ago it must have required no small faith to adopt the principle of homœopathy. It requires some degree of faith in these days in the face of the attitude of the dominant school, but certainly much more was required at a time when such a principle of order and harmony was first made known, a principle of order in materia medica, in pharmacy, and in the treatment of disease, where hitherto all had been chaos and disorder. Gentlemen, Mr. Cameron had this faith. Nor could the new method be propagated in a spirit of blatant self-assertion. It needed quietness and patience, patience in the study of every detail of the materia medica, and patience in the application of the homœopathic method at the bedside. Thus, Mr. Cameron's faith and quietness stood him in good stead, and enabled him to exert a most happy influence in honour of homœopathy, practising as he did, among many in the highest ranks of society; he brought many over to our side, led out their sympathy, and induced them to give their wealth for the hospital of which we are so proud. Mr. Cameron has always been a good friend to the hospital, and some slight token of the esteem in which he is at present held is seen in the beautiful bouquet of flowers before him on the table this evening, sent by the lady superintendent and nurses of that institution. The truth of homœopathy forms but a small proportion of the sum of truth at large, and it is destined, perhaps, to be swallowed up in the victory of a healthy human race. In the meantime, however, there is much to be done to contribute to that victory. Mr. Cameron in his long life has witnessed to that truth and contributed to that victory. In so doing he gives us this evening a heritage, which we have to hold ourselves and to hand on to the generations who

will follow us. But there is still another point. Russell Lowell writes in one of his sonnets :--

> Great truths are portions of the soul of man ;
> Great souls are portions of eternity ;
> Each drop of blood that e'er through true heart ran
> With lofty message, ran for thee and me ;
> For God's law, since the starry song began,
> Hath been, and still for evermore must be,
> That every deed which shall outlast Time's span
> Must spur the soul to be erect and free.

Gentlemen, Hahnemann and Quin, and Cameron representing them, and he himself have given us their souls, themselves, their best energies. They spur our souls to be erect and free. Let us most heartily drink to the "Health of our President." (Loud cheers).

The PRESIDENT, in reply, expressed his most sincere gratitude for the kindness shown in receiving so warmly what he termed the far too friendly opinion my friend has formed of me. I wish, he continued, that I could look forward to more years in which I could give more help, but that in the course of nature is impossible. Ever since I have been a member of this society I have experienced your more than friendly kindness. I make no pretence of having done any great service to this society in any way, but I prize very much this proof of your kindness, because I know from long experience that it comes from your hearts. (Hear, hear.) I cannot sit down without a glance at the future. When I look back over the eighty years of my life I am brought face to face with the fact of the marvellous change which has taken place on the face of this earth in that time. When I was twenty years of age there was no railway, there was no electric telegraph, no photograph, no spectroscope. We had no phonograph, nor any of those enormous evolutions of science which have become so familiar to us. If in the last fifty years, we will say, science has so largely developed all over the world, what may not its development be in the future, when for every investigator we had then, we have a thousand now! In the year 1844 I was thirty-four years old. When I look around and see the number of eager faces, so many who are much younger than that, I cannot help impressing upon them the necessity of searching very assiduously the new avenues of knowledge which will thus be opened up to them, and which had no existence 50 years ago. (Amid loud and long continued cheers, Mr. Cameron resumed his seat.)

Mr. MANFIELD, M.P., proposed the toast of "Homœopathic Hospitals and Dispensaries." In doing so he dwelt upon the

benefits derived from these institutions; they were of great public value, and well deserving of support from the public. Their advantages were seen in the relief they supplied to the sufferings of the poor, of those who were unable to provide themselves with the help that they required. He had seen this well marked in the working of the Homœopathic Dispensary in Northampton, under the direction of his old friend, Dr. Clifton. (Cheers.) They were also of advantage in forming schools for the education of medical men in the observation and treatment of disease. And thirdly, their utility was seen in their being a means of bringing members of the medical profession in touch with the people. In respect to each of these points he was glad to know that homœopathy in this country was well provided for, and that when the new homœopathic hospital was completed, homœopathy would be better fitted for further development than ever it had been. It was, therefore, with much pleasure that he proposed "Success to the Homœopathic Hospitals and Dispensaries." (Cheers.)

Mr. Perks, M.P., the President of the Bromley Phillips Memorial Hospital, responded. One thing had attracted his attention in connection with their hospital at Bromley—viz., an increasing disposition among all sections of society to look upon homœopathy with favour as a practical method of relieving disease. There was a time, unquestionably—and though not very old, he remembered it very well indeed—when homœopathy was not regarded as a serious science. He had been struck by the speeches delivered there that evening by his friend, Dr. Dudgeon, and those who had followed him, that there had been nothing in the form either of apology or of aggression. There was a steady popular belief in the practical efficacy of homœopathy, and when they remembered that men like Mr. John Bright, Professor Siemens, and Lord Grimthorpe were three of the most stalwart believers in homœopathy, there was, he was sure, no necessity whatever for men of less acute intellect to doubt the efficacy of the work in which they were all engaged. (Cheers.) For himself he had tried homœopathy and had found it efficacious. He had not time to go into the scientific basis of the respective medical theories, but all that he expected to have done for him was to be kept in thoroughly good health, and when he was out of health to be restored to it as promptly and as economically—(laugh)—as possible, and his accomplished doctor had managed to secure that for him. It was because he was sure that these hospitals and dispensaries were spreading the light among all classes that he had so much pleasure in responding to that toast and in

assenting to the request of Dr. Madden to act as president of the local hospital to which reference had been made. (Cheers.)

Dr. Gordon Smith (Liverpool), whose name was also coupled with this toast, said: He thought that the history of homœopathy was the same as that of all new truths that have projected themselves against prejudice and vested interests. We were apt to think that our system grows very slowly; but we must remember that all great things, all strong things, grow and mature slowly. Fifty years ago the British Homœopathic Society was formed. There were then but four dispensaries and no hospital. Now dispensaries were numerous, and we had eight hospitals, all doing good work. If we look to the United States we find that seventy years ago there was but one homœopathic physician in the country, while in 1893 there were 12,000. He urged the importance of homœopathic practitioners devoting themselves more exclusively to the work of perfecting the materia medica—of making it more workable. Every effort should be made to render homœopathy perfect. If they did that, hospitals and dispensaries would multiply with surprising rapidity. They had to work for it. Success depended upon them, and if they were faithful to their trust, by-and-by, possibly before they imagined, the power would be taken from the hand that held it now and given to the younger sister. (Cheers.)

Dr. Nankivell, in proposing the next toast, said: The remarks which I shall make at this late hour of the evening on the toast allotted to me—"The Literature and Journals of Homœopathy"—will be very few. It must suffice to name those whom we recognise as our leaders in this important branch of our work. I am quite old enough to remember many who must have been strangers to the younger ones amongst us; it will suffice to name Black and Drysdale, Bayes and Rutherfurd Russell amongst those who have passed away, but who have left enduring work for their successors. And we have still in our midst Dudgeon and Richard Hughes, Hayward and Dyce Brown, Clarke, and my friend Pope, with whose name I gladly associate this toast, in the much-regretted absence of Dr. Neatby. We don't always realise what we owe to these men, who for the love of our cause are willing to spend many a weary evening, and burn many a midnight lamp, that we and others may profit thereby. I will detain you no longer, but propose without further preface, "The Journals and Literature of Homœopathy," coupled with the name of Dr. Pope.

Dr. Pope, in reply, said: Mr. President and Gentlemen, I thank you very much for the extremely cordial manner in which you have responded to the references which my friend Dr. Nankivell has made to myself, and for your appreciation

of the services to homœopathy which have been rendered by our periodical medical literature. We have heard, to-night, illustrations from Dr. Hawkes and Mr. Perks of the great change which has come over the feeling towards, and the opinion of homœopathy during the last fifty years, both of the medical profession and of the public. In effecting this change, I claim for our homœopathic journals that they have exercised an important share of influence. (Cheers.) Other influences, such as our society and our hospital, have been at work in accomplishing this change, but we must remember that they have been rendered ten-fold more effective by the medium our journals have supplied for inter-communication. To fully appreciate how great this change is, we must not only hear the evidence we have done this evening, but we must note what the feeling with regard to homœopathy was fifty years ago. To ascertain this, we must go, as it has been phrased, "raking among the dust heaps"; that is to say, we must disembowel articles and speeches, written and made some years since, of which, to-day, those who wrote and delivered them heartily wish that no record had been left. A short specimen of one such I will read to you. The year after our society was founded, another association, similar in its objects to our Homœopathic League of to-day, was instituted; it was known as the English Homœopathic Association. Like our society, it appropriately commenced operations with a dinner. Well, *Punch*, of June, 1845, of all papers in the world, described the event in the following words:—

"A melancholy spectacle was last week presented at the Albion Tavern, Aldersgate Street, where no less than 80 unfortunate gentlemen, actuated by one common delusion, met together to hold, what is called, a festival on behalf of the Homœopathic Association. The mania of homœopathy has indeed come to a pretty spread. Poor Lord Wilton presided over these unhappy individuals, and unhappy Lord Robert Grosvenor"—who, Mr. President, I may note in passing, always having resorted to homœopathic treatment during illness, served his generation, as Lord Ebury, until a few short months ago—"Lord Robert Grosvenor supported him. Hence a gloom is cast over Wilton Street leading from Grosvenor Place.

"Mr. Staples, the landlord, provided an excellent dinner for them, and the meeting wore the aspect of the most extreme conviviality; but it is painful to reflect upon the state of mind concealed under this show of merriment. There is something appalling in the idea of these 80 gentlemen being at large. There is no knowing what they may do, but, at all events, those who spend money on homœopathy ought not to

be trusted with property. We hope Mr. Staples did not give them steel knives and forks; they ought only to have been allowed wooden spoons. Had we to entertain such a company we should certainly apply their own principles of infinitesimal dilution to their liquors, out of consideration for their heads, whose infinitesimal brains a very little might upset. We would also have several barbers, and a number of strong men in attendance with a large assortment of strait-waistcoats ready."

Now, gentlemen, this is a fair representation of the way in which homœopathy and medical men who practised homœopathy, were written about, both in the general press, and in the medical journals 50 years ago. To-day, we meet with nothing so degrading, so contemptuous regarding it. The self-constituted medico-ethical missionary himself whatever, might be his inclination, dare not, in the pages of his *British Medical Journal*, print anything of this sort; the mere dread of the ridicule which would be certain to follow anything of the kind would alone prevent him. By comparing then the sentiments, I have read an account of as prevailing 50 years ago, with those exhibited in the illustrations of professional courtesy related by Dr. Hawkes, as occurring to-day, you can get some idea of the change of feeling to which I have referred. Then, sir, I claim, as I have said, that the working of this change is largely due to the efforts of those who have, during the last 50 years, been responsible for the editing of our journals, and I think on this occasion, when we are celebrating the Jubilee year of our Society, we should be reminded, as to some extent Dr. Nankivell has reminded us, of who these gentlemen were. In 1844, the *British Journal of Homœopathy*, the first and best literary representative of homœopathy in this country, was founded, at a dinner at the Granton Pier Hotel, by Dr. Drysdale, Dr. Black and Dr. Rutherfurd Russell, men we one and all remember, men whose loss we all deplore. Very shortly afterwards, Dr. Dudgeon, who has rendered such valuable service to therapeutics, joined them—(cheers)—and we rejoice in having him with us still. (Cheers.) Later, the late Dr. Atkin, of Hull, who was known to but few here this evening, but is remembered by those who did know him as a man of immense energy who did most important and valuable work during the epidemics of cholera in Edinburgh and Hull, never sparing himself either day or night in his efforts to check that terrible disease among the poor, and doing this work in spite of the difficulty his 20 or 22 stone of too solid flesh presented to him. He was one of whom we may be proud to be able to say that he was a homœopath. On his death, Dr. Hughes joined the staff of the Journal, and we all know what valuable work he did, and I am thankful to say is still

doing. (Cheers.) During the last year or two Dr. Clarke was added to the staff. In 1856 the *Review* was commenced by Dr. Ozanne, of Guernsey, a highly cultured and polished physician. On his eyesight failing, Dr. Ryan, who had just settled in Sheffield, a physician of wide and varied learning, but at that time little known as a homœopath, conducted it for several years under circumstances of great difficulty. In 1865, Dr. Bayes and myself joined him. Somewhat later, we had, for a too brief period, the assistance and co-operation of my accomplished friend, the late Dr. Madden, and on his death, Dr. Herbert Nankivell gave us his valued help. In 1876, Dr. Dyce Brown joined the staff, to the great improvement of *The Review*. (Cheers,) Dr. Arthur Kennedy was a short time one of the editors; and, lastly, Dr. Neatby—(cheers)—to whose ready help we have for five or six years owed much. A little later than *The Review*, came *The Homœopathic Times*, conducted with much earnestness by that very energetic homœopathist, the late Dr. David Wilson. In 1862, *The Manchester Homœopathic Observer*, a journal which owed its existence to an attack on homœopathy by the present Sir William Roberts—a spirited and well-conducted little journal, edited by Dr. Blackley, senior, the late Dr. Rayner, and Dr. Drummond (now, I regret to say, very ill at Malvern): About 1865 or 1866, *The Homœopathic World* appeared, under the editorship of that very earnest homœopath and popular writer, the late Dr. Ruddock. Since his death it has been directed by Dr. Shuldham, Dr. Burnett, and Dr. Clarke, whose zeal for homœopathy know no bounds. In addition to these, there have been *The Notes of a New Truth*, edited by the late Dr. John Epps; *The Northampton Homœopathic Record*, by the late Dr. Pearce; and *The Norfolk and Norwich Homœopathic Gazette*, by the late Dr. Hartmann.

The work of conducting a journal is considerable and entails many sacrifices upon those who undertake it. But there is great pleasure in it. Without our contributors I would remind you that editorial work is vain, and while, as I sit down I thank you for the kind and cordial manner in which you have received this toast I ask for the constant help of every one of you in continuing the work of the *Review*. (Cheers.)

Dr. Galley Blackley proposed the health of the visitors present that evening. They had, he said, been honoured with the presence of a large number of visitors, several of whom came at the express invitation of the Society as among the representative men of homœopathy. First and foremost among them as coming from a long distance was his friend, Dr. Lembreghts, of Antwerp, who was fighting the battle of

homœopathy in Belgium, and fighting it to some purpose. (Hear, hear.) Within the last three years he had succeeded in getting the Homœopathic Dispensary of the town recognised by the municipality, and placed upon the same footing as the Allopathic Dispensary. We have also with us, as representing the London Homœopathic Hospital, the Chairman of the Board, Mr. Stillwell—(cheers)—the Treasurer, Mr. Trapmann—(cheers)—and the Secretary-Superintendent, Mr. Cross. From Tunbridge Wells comes Mr. Langton, the Chairman of the homœopathic hospital there; Mr. Liddiard, of the Buchanan Cottage Hospital, St. Leonards; and Mr. Piggott, Secretary of the Bath Homœopathic Hospital. In addition to these they were happy to welcome, as a gentleman who had devoted a large amount of time to the benefit of the London Homœopathic Hospital, their Honorary Solicitor, Mr. Sydney Gedge. He would ask them, by the enthusiastic way in which they drank the health of those gentlemen, to thank them for their presence that evening, and to let them feel that, while his speech was short, their good sentiments for them were very long. (Cheers.)

Dr. Lambreghts, in responding, expressed his appreciation of the honour of belonging to the British Homœopathic Society, and thanked Dr. Blackley for his kind words regarding himself. Homœopathy had made great progress in Belgium. Formerly it was known only among the wealthier portion of the inhabitants, but lately it had become much appreciated by the poor. In Brussels, in addition to the old homœopathic dispensary, was one established by some charitable ladies. Formerly this institution was in the hands of the allopaths. But last year the members of the allopathic staff were dismissed, homœopaths occupied their places, and since they had done so the number of patients attending the dispensary had quadrupled. In Antwerp the Public Homœopathic Dispensary had already attained very satisfactory results. Last year they had nearly 5,000 patients. The attendance at the Old School Dispensary had been on an average 4,000. So that after only two years existence they had 1,000 more than their opponents. They had endeavoured to obtain wards in the hospital of the town, but unfortunately its administration was in the hands of men who were afraid of their medical staff, and consequently they did not succeed. But in a few days they were again going to attack the position through the municipality. He thanked them very much for the kind reception they had given him. (Cheers.)

Mr. Sydney Gedge also in a few words acknowledged the toast, and in doing so expressed his regret that homœopathy had not been discovered fifty years earlier, that he might have enjoyed the advantages of it in his boyhood. (Cheers.)

Dr. CLIFTON having asked the President's permission to propose a toast called upon all present to drink to the health of their worthy and energetic secretary, Mr. Knox Shaw. In doing so, he said at the close of the hunting season it was usual to conclude with a dinner, when the sport that the master of the hounds had afforded them was reviewed. The master of their hounds was a hard and fearless rider (good old Shaw) he took all the stiff fences before him, and so far had done so successfully. Having got the society into the condition it was at that moment, they felt that he was a man who they could follow. Mr. Knox Shaw had done his work well, and he asked them to join with him in thanking him for it that evening. (Loud and long-continued cheers.)

Mr. KNOX SHAW, in thanking Dr. Clifton and the company for the way in which the toast had been proposed and received said that for many a year the success of the British Homœopathic Society had been very near his heart. He had endeavoured to carry the society to a successful issue. The summit of his ambition was not yet reached. He hoped that at some future time every medical man who believed in homœopathy as a general principle of practice, and many a one who believed in it partially or as a truth in therapeutics at all, would associate themselves with them. He looked forward to a large increase in their numbers, and thanked them very heartily for the kind way in which they had responded to the toast of his health. (Cheers,)

The meeting terminated with the general singing of "Auld Lang Syne."

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I was much gratified to read the following in the January issue of the *Monthly Homœopathic Review*, p. 68, in Dr. P. Wilde's letter, "*Like myself, Dr. Campbell has practically surrendered Aconite and Bryonia.*" This is with reference to acute rheumatism. Allow me to recall statements I made *re* this very subject in previous numbers of this journal. In 1891, August, p. 531, there is from my pen, "Indeed, I have been singularly disappointed with *Bryon.* 1x. in rheumatic fever, and I do trust that any of my professional brethren whose experience corresponds with mine will also put on record their failures.

Again, in July, 1892, p. 418, in speaking of the miserable failure in my hands of *baryta carb.* in acute tonsillitis as confirmatory of Dr. Clifton's similar observations, I add, "I classify *baryta carb.* in acute tonsillitis

with *acon.* 1x. and *bryon.* 1x. in acute rheumatism as so disappointing that, if on finishing Dr. Sharp's *Tracts* (to which I owe my conversion to homœopathy) I had tested homœopathy in either of these diseases, however much I might have been impressed *a priori* by the *Tracts, a posteriori* I should have remained an allopath." My dissatisfaction with the action of these two drugs, as so emphatically recommended by Dr. Hughes, was most intense, as case upon case would not yield to what I had thought their potent influence. In thanking Dr. Wilde for his *bursa pastoris*, and Dr. Campbell for *lycopodium*, I would draw their attention to a letter in the *Homœopathic World* of 1880, p. 90, "The Heritage and the Heirloom," in which it is stated that a certain doctor was invariably successful with *bryon. alba.* ϕ *in* 8 *drop doses in a tablespoonful of water every* 8 *hours.* I shall be glad if my colleagues will try this and report their cases in the *Review.*

Again, touching quinsy. On mentioning my failures with *baryta carb.* to a homœopathic doctor, he replied, "I never heard of it; my success is with *phytol* 200."

I am, yours very truly,

WM. LAMB, M.B., C.M.

40, High Street, Dunedin, N.Z.
Feb. 20, 1894.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In reference to the letter of the Hon. Dr. Campbell, in the December number of the *Review*, as to the value of *lycopodium* in the treatment of acute rheumatism, I am pleased to be able to endorse his recommendation. In two recent cases, with all the usual symptoms of rheumatic fever, and where the presence of urates in the urine was noted, lycopodium 3 x in 3 grain doses was distinctly useful. The improvement was more marked and rapid than from the previous treatment with aconite and bryonia.

The bryonia, however, was continued at intervals with the lycopodium.

I can also corroborate Dr. Percy Wilde's recommendation of an occasional dose of merc. dulc. in such cases.

Two or three grains of the 1 x trit. not merely helping the action of the bowels, but distinctly modifying the diseased process for the better.

I am, dear Sirs,

Yours faithfully,

T. E. PURDOM, M.D.

P.S.—One of the above cases was convalescent within a fortnight, and the other in a week.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Mondays, 2; Tuesdays, 2.30.

Mr. E. REGINALD JONES, of 143, Lloyd Street, Greenhays, has been appointed House Surgeon to the Manchester Homœopathic Institution.

Dr. J. C. WEDDELL has removed from Park Terrace to 2, Carlton Terrace, Sunderland.

The opening for a Practitioner in a well-known watering place, referred to in a former issue, is still open. Apply for particulars to Dr. POPE.

Letters have been received from Mr. CAMERON, Mr. KNOX SHAW, Dr. DUDGEON, Dr. MADDEN, Dr. GOLDSBROUGH, Mr. CROSS (London); Dr. PURDOM (Croydon); Dr. CLIFTON (Northampton); Dr. HAWKES (Liverpool); Dr. JONES (Birkenhead); Dr. PRIESTLEY (Leicester); Dr. IDELSEN (Berne); Dr. LAMBREGHTS (Antwerp); Dr. LAMB (Dunedin, N.Z.)

We much regret that owing to the space taken up by the report of the Hahnemann dinner and the Hospital meeting, several papers which were in print have had to be postponed till next issue.

BOOKS RECEIVED.

Forty-Fourth Annual Report upon the Health of Leicester. 1893. *Including the Report of the Fever Hospital. The History of the Small-Pox Epidemic* 1892-3. By Joseph Priestley, B.A., M.D., D.R.H.—*Harrogate Mineral Water and Homœopathy.* By Arthur Roberts, M.D. London: Gould & Son. 1893.—*Transactions of the Forty-Sixth Session of the American Institute of Homœopathy.* Philadelphia. 1893.—*Transactions of the World's Congress,* 1893. Philadelphia. 1894.—*Transactions of the Homœopathic Medical Society of Pennsylvania,* 1893. Philadelphia. 1894.—*The Journal of the British Homœopathic Society.* April, 1894.—*Homœopathic Hospital Reports.* April, 1894.—*The Homœopathic World.* London. April.—*Medical Reprints.* London. April.—*The Chemist and Druggist.* London. April.—*The Monthly Journal of Pharmacy.* London. April.—*The Family Doctor.* London. March.—*The Calcutta Journal of Medicine.* Calcutta. March.—*The North American Journal of Homœopathy.* New York. April.—*The New York Medical Times.* April.—*The Hahnemannian Monthly.* Philadelphia. April.—*The Homœopathic Recorder.* Philadelphia. March.—*The Minneapolis Homœopathic Magazine.* April.—*The Medical Argus.* Minneapolis. April.—*The Medical Record.* New York. March and April.—*The Chironian.* New York. March.—*The Medical Century.* Chicago. March and April.—*The Medical Advance.* Chicago. March.—*The Homœopathic Envoy.* Lancaster, U.S.A. April.—*Revue Homœopathique.* Brussels. March.—*Bulletin Générale de Thérapeutique.* Paris. April.—*Revue Homœopathique Française.* Paris. March.—*Rivista Omeopatica.* Rome. Feb.—*Archiv. für Homöopathie.* Dresden. March.—*Populäre Zeitschrift für Homöopathie.* Leipsic. April.—*Inscrenten Zeitung.* Leipsic. March.—*Homœopathische Maandblad.* The Hague. April. *La Homeopathica.* Mexico. March.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

——:o:——

THE ANNUAL HOMŒOPATHIC CONGRESS.

As will be seen from the circular which we have reprinted in these pages, the Annual Congress of Homœopathic Practitioners will be held in London on the 28th of this month. The time of meeting has been altered, as arranged last year, from September to June, on account of the London "Season," as that is the time when the inducements to our colleagues to visit London are greatest. Meetings held in London are always a success, as every one likes to have a good reason for taking a run up to "the little village," where at this season there is so much to be seen and done. All the places of amusement are in full swing, the Royal Academy and other Picture Galleries afford a treat not to be missed by art-lovers, while Olympia and the Earl's Court Exhibition are open to those who like to spend an afternoon or evening in an enjoyable way. In fact, with a short amount of time at their disposal, our colleagues will find the question of selection of amusement the chief difficulty. These are, however, only by the way, as the chief pleasure will be, we expect, the professional work in hand. The programme of the Congress promises well. The address of the President, Dr. GALLEY BLACKLEY,

is sure to be one full of thought and instruction, and well worth our attention. His long experience will give him ample material for words of wisdom and profit. The subject Dr. MORRISSON has selected is one that never fails to interest, being the question that underlies our law of similars. Opinion in our ranks is not unanimous as to the details of the question, but this is the very reason why it is good every now and then to discuss the subject over again. Hence we expect a great pleasure, not only from the paper, which is sure to be admirable, but from the discussion which will follow. Dr. PERCY WILDE'S name is a guarantee for an original and highly interesting paper. His subject is a most important one, and will tend to broaden our views as to the wide range of homœopathy in non-medicinal treatment as well as in pure drug-action. Lastly, Mr. GERARD SMITH takes up the extremely interesting subject of the value of homœopathy in diseases which are too often looked upon as belonging to the domain of surgery alone, and we anticipate a treat in hearing from his practical experience, the immense advantage which a surgeon who practises homœopathy has over surgeons of the old school, who relegate internal treatment to a back seat.

An additional inducement to our provincial colleagues to come to the Congress is afforded by the Annual Meeting of the British Homœopathic Society, which occupies two evenings, and which is held on the two days preceding that of the Congress. The Hon. Sec. of the Society, Mr. KNOX SHAW, will duly announce to members the details of the two evenings. But we are sure that any of our colleagues who are not members of the British Homœopathic Society will be welcome to come to its meetings on this occasion. We have little doubt also, though we have no authority for saying so definitely, that the staff of the London Homœopathic Hospital will endeavour to have cases of interest in the wards to show to visitors.

At the Congress meeting, in the afternoon, Mr. LEWIS TALLERMAN has kindly promised to show a new invention of his, for applying a high degree of heat to joints. Hitherto, extreme heat could only be used for stiff joints, and painful joints caused by chronic rheumatism, or rheumatic arthritis, in the form of the hot room of the

Turkish bath, when the whole body must be exposed to the same heat, seldom rising over 180°. But Mr. TALLERMAN's invention consists of cylinders specially constructed to admit a whole limb only, or part of a limb, as the case may require. He has found that in this cylinder a painful or stiff joint can bear a much greater degree of heat than has ever hitherto been employed, not only with comfort, but with marked relief to the pain, and with subsequent decided improvement in the movement of the joint. He is able to raise the temperature to 240°, and to keep the limb in the cylinder for three-quarters of an hour. This treatment has been tried already, not only in private, but at more than one of the large metropolitan hospitals, and with very encouraging results. Mr. TALLERMAN will endeavour to get a patient to show the working of the apparatus, which will be set going while the afternoon business of the Congress is proceeding. He is not a medical man, but wishes to bring his invention to the notice of the profession, trusting that they will make use of what promises to be a valuable adjunct to the treatment of those obstinate and painful complaints, which so often resist ordinary measures. He has taken a house in Welbeck Street, where these hot-air baths can be administered to patients whose medical advisers prescribe them.

The members of Congress will be entertained at luncheon by the British Homœopathic Society, and those of our colleagues who reside in or near London, who have a spare room, have kindly offered to receive as their guests their provincial brethren who care to accept their hospitality. This, of itself, will, we expect, be among the not least enjoyable parts of the Congress proceedings, both to the hosts and to their guests.

With such inducements to visit London, we trust that the homœopathic members of our profession will come in such numbers as to make it the most successful Congress ever held, and show to the public and to our friends of the old school that homœopathy is not defunct, as some of them would fain believe, or at least assert.

A CASE OF DERMATITIS HERPETIFORMIS, WITH REMARKS.

By Giles F. Goldsbrough, M.D.

Concurrently with the communication of Dr. Washington Epps to the British Homœopathic Society on the above named disease, I had the following case under my care. It is one of considerable interest, and is published by way of comparison with Dr. Epps' case.

Mrs. W., age 56, medium height and weight, fair complexion, fresh colour and a thin sensitive skin. She has been married thirty-two years and had three children. The eldest died at the age of twenty-two of general tuberculosis. The remaining two are alive and healthy, except that a daughter has "pimples," and a son occasionally eczema.

Previous History.—Patient had the ordinary diseases of childhood, but saving the skin affection and nasal catarrh hereafter mentioned, no other ailment to which she can give a name. Menstruation commenced at sixteen, and ceased only two years ago. It was always regular, frequent, and copious; some shortness of breath always preceded the period.

Family History.—Father alive, age eighty, has had eczema on neck and legs. Mother died at sixty-three, the cause of death being stated as inflammation of the spinal cord. She suffered from rheumatism for seven years. Patient is one of a family of nine, who were all delicate. They lived in Union Street, in the Borough. Four sisters and one brother died in childhood, one brother from cancer at fifty-one. Two sisters are living and suffer from asthma. There is no known special disease in any branch of the family.

History of Present Disease.—The eruption, of which the present ailment is a development, commenced at the age of seventeen, and it has reappeared at intervals since with the modifications to be subsequently noted. The spring of the year has been the favourite period for exacerbation. The eruption consisted at first of small pimples between the fingers, on the backs of the hands and forearms, and on both sides of the neck. It has always been accompanied with excessive itching. In addition to this more or less regularly recurring eruption,

there was a patch of some pustular eruption on the back of the head at twenty-three years of age, and at thirty-four the whole eruption assumed the character of eczema, and lasted nine months. Patient was then under the care of Dr. Barr Meadows. This severe exacerbation seemed to be caused by anxiety; it ensued after a daughter had had diphtheria. At forty-four, the eruption assumed the character of severe erythema of both arms, and lasted three or four months. There was much smarting and itching. At fifty-four, two years ago, patient's husband had influenza, which entailed another spell of anxiety upon her. Menstruation ceased then, and she began to suffer disagreeably from nasal catarrh, the result, one may imagine, from influenza in herself, although this was not noted. The nasal catarrh continued until September last, when it suddenly ceased and the present exacerbation of dermatitis began. The old well known "pimples" came out on the forearms with intolerable itching; they subsided soon however (although the itching continued), and were succeeded in a fortnight by some "blisters" or bullæ which appeared on the thighs. These were few in number, and varied in size from a small pea to a hazel nut. The patient endured this condition some five weeks without seeking medical aid, and I saw her for the first time on November 1.

The most prominent feature of the case then, and for which she consulted me, were the bullæ on the thighs and legs; they were isolated, moderately tense, without inflammatory areola, but accompanied here and there with a few very small vesicles. There was intolerable itching. A few papules were present on the arms, but otherwise no other eruption. Without inquiring carefully into the patient's dermatological history, I regarded the case as one of pemphigus, and prescribed *rhus tox.* and *ars. alb.* 3x in alternation. There was little affection of the general heath, simply malaise with depression of spirits. The mucous membranes were healthy.

The condition as thus described continued for two or three weeks, the bullæ increasing in number and size and extending upwards, and the patient's discomfort increasing in proportion. Rest at night became disturbed, only short intervals of sleep being obtained. Then new manifestations of eruption appeared, which led me to modify my diagnosis. A

diffuse inflammation of an erysipelatous type circumscribed, and, apparently independent of the bullæ, began on the upper parts of the thighs and extended gradually upwards over the back and part of the abdomen, up to the shoulders behind and down the arms to the hands, involving in its course the previous papular eruption. This inflammation was symmetrical, it was accompanied with intense burning and itching, but no rise of the body temperature, and no fresh constitutional symptoms. As the inflammation reached the arms and upper extremities generally, in the order from above downwards, intense vesication appeared. Vesicles came out from the shoulders to the finger tips, the palms of the hands only being exempt. The vesicles were closely packed, accompanied from the forearms outwards with œdematous infiltration of the skin and underlying tissue. At the same time, on the parts of the trunk where the diffuse inflammation had not reached, fresh crops of macules and papules appeared, discreet and without inflammatory bases. In the meantime, too, the bullæ on the lower extremities increased in size, and numbers of others of older date had become flaccid and were dying down, as they did so a slight inflammatory areola appeared. In the earlier stages of the bullous history the individual bullæ always contained serum, and not until some weeks afterwards did the fluid in any of them change to sero pus. As may be imagined, from the above collection of symptoms the patient's condition at one time was a very striking one. Thus on November 25th, she exhibited as coexisting every variety of primary skin eruption, excepting the pustular. There were in the order of occurrence, fine macules and papules, bullæ, diffuse inflammation of an erysipelatous character, vesicles with œdematous infiltration, larger macules and papules. From about this date the diffuse inflammation spread considerably, and gradually included within itself the other varieties of eruption, so that the whole body was involved, except the head, neck, face and feet.

This condition of intense inflammation continued for about fourteen days, when it began to subside in the order of its onset. The burning and itching had been excessive, and rest in sleep almost impossible, but still there was no rise in temperature, and as the patient had

of necessity been kept in bed she seemed to gain in bodily strength rather than lose as the eruption progressed in its course. There was no affection of the mucous membranes at any time, and the urine was normal.

The vesicles on the forearms did not break, although on the anterior aspect many of them coalesced into large bullæ. As the vesicles and underlying œdema subsided the skin was left very thick, with tough hardened epidermis, which gradually exfoliated, leaving a healthy sensitive surface. The diffuse inflammation faded after the manner of erysipelas. But while this was going on and the vesication was disappearing, the bullous eruption on the lower extremities was by no means subsiding. Indeed, fresh crops constantly supervened, and at this stage their contents changed from serum into sero-pus, and coloured with blood; they also had an inflammatory areola. There was much soreness of the skin surrounding the bullæ at this stage (Dec. 5). After a bulla had discharged it would die down, leaving a thick scab with an inflamed margin, from which other bullæ would take their origin. It would be difficult to say which class of eruption gave the patient the greater discomfort, the diffuse inflammation over the whole body with its accompaniments, or when that had subsided, the condition of free blistering, with discharge, inflammation and scabbing, which obtained on the thighs and legs. Finally, however, all subsided. In about six weeks from the onset of the acute inflammation all had disappeared except a multitude of the original papules and remains of the dried epidermis. But now other phenomena presented themselves. There came out on the upper parts of the back and arms, with a few on the legs, numbers of original pustules, quite independent of the papules scattered round them. These pustules were painful, and had an inflamed base; they individually lasted a few days, then dried up, and on falling off left a scar resembling the scar following variola. These scars have all disappeared however.

Coincident with the pustules, as if the disease were obliged to exhaust the category of forms of dermatitis, in the site of old bullæ on the fronts of the legs the skin became swollen and reddened in patches resembling erythema nodosum. These patches continued more or less for three weeks.

At the end of February the condition of the patient was as follows:—The skin generally was rough, with a staining of old inflammation and a slight, fine rash and desquamation. On the arms, forearms, thighs and legs there are a number of papules, and a few pustules in a declining condition. The itching and burning continues, especially on the arms. It is impossible for the patient not to scratch, and she cannot sleep long at a time. The general health has much improved, the languor and depression being no longer experienced.

I saw the case last on April 17th, and the condition of things was a still further improvement on the foregoing. The fine rash and papules continue, with some itching, but the patient rests better at night, can go out, and is evidently improving by marked degrees.

Treatment.—For the first three weeks *rhus tox.* 1, *ars. alb.* 3x, and *canth.* 3, 2, or 1 were administered, singly or in alternation, without apparent effect, unless these drugs had any influence in favouring the evolution of the eruption. On November 25th, as there was so much œdematous infiltration, *apis* 3 and *rhus ven.* 3 were given, and the swelling and irritation were somewhat relieved. On December 1st she received *bell.* ϕ and *ars. alb.* 3x in alternation, and on December 9th *rhus ven.* 2 and *canth.* 1. On December 15th, on the recommendation of Mr. Knox Shaw, who saw the case with me, *liq. arsenicalis* B.P. in three miuim doses was given, the dose being increased to five minims after a few days. This was continued with marked benefit until January 5th, when, on account of the painful eruption of pustules, it was replaced by *ant. tart.* 2. The *ant. tart.* appeared to have an immediately blighting effect on the pustular condition, and was continued until January 22nd, when *sulph.* 30 was administered.

With a short intermission of *ant. tart.*, *sulph.* 30 for a week or two, and then *ars. alb.* 3x for a like period, have been given to the present date.

As regards local applications, that which was most constantly used and afforded most relief was bathing the most irritated parts with hot water containing Wright's *liq. carbonis detergens*, a lotion of ʒi to ʒi. having been given to the patient to use in the hot water at her own discretion.

Latterly, acting on the suggestion of Dr. Epps,

hamamelis was substituted for *tar*, but the effect was not appreciably better. Dusting powders could not be borne. A *hamamelis* and *lanolin* ointment (*tr. hamamelis* ʒi., *ol. oliv*, ʒi., *lanolin* ʒi.) proved a serviceable application to the abrasions caused by ruptured blebs or pustules.

Remarks.—This case is interesting chiefly from the points of view of etiology, diagnosis, pathology and treatment. It evidently had its origin in a constitutional state, induced probably by mal-nutrition and bad air in early life. The proximate cause of the exacerbations appear to have been some depressing influence on the nervous system, notably anxiety of mind. Twice in the experience of the patient had this been the case, and for the past two years she had been in a constantly worried condition on account of her husband's illness and the consequent strain on their financial resources. In the collection of Dr. Duhring's papers on Dermatitis Herpetiformis, recently published by the New Sydenham Society, there is a remarkable instance given (p. 271) of the bullous variety of the disease, which ensued as a result of nervous shock and acute mental anxiety, although it is quite open to question, I think, in that instance, where the patient's body had been immersed in a thick bog for over half an hour, whether a miasmatic poison had not contributed to the production of the disease.

The question of diagnosis, on account of the multiformity of the eruptions in my case, touches the principles which govern the description and classification of all varieties of dermatitis. I have already said I regarded my case at the outset as one of pemphigus, and it was not until I found other forms of eruption than blebs coexistent and apparently running a separate course with them, that I came to the conclusion I had to deal with a disease of a more comprehensive and complicated character. I have also already said that Mr. Knox Shaw saw the patient with me. That was on December 14. The blebs were then very prominent, and in all stages of their evolution, and the erysipelatous eruption invaded nearly the whole of the trunk. Mr. Shaw thought the case one of pemphigus with a septic infection of other regions of the skin. I had by that time come to the conclusion that the disease was dermatitis herpetiformis, and on the grounds mainly that the forms of eruption came out

independently, and did not appear to depend one upon the other. Also that there were so few constitutional symptoms, particularly no rise of temperature.

Dr. Duhring remarks concerning the bullous form of dermatitis herpetiformis (*op. cit.*, p. 205) :—"The resemblance to pemphigus is obvious, but I think it will be seen that the process is different, and that it cannot be viewed as a variety of this disease." I should like to adopt these words as my own, and to suggest further that a case which runs the course of pemphigus may be a variety of dematitis herpetiformis. If the integument of the body be viewed as a whole, the diagnosis of forms of its inflammation should, one would think, be made first from the point of view of cause, then course and progress, and lastly form.

Then the reasons which would lead one to diagnose my case as one of the disease I have so designated, it might be named as follows, and correspond with Alan Jameson's four characteristic features of Dermatitis Herpetiformis, though these I give in the above suggested order. 1. Comparative immunity of the general health. 2. Exacerbation in the course of a chronic dermatitis, caused apparently by disturbance of the nervous system. 3. Paræsthesia. 4. Variety of form or polymorphism. The impossibility of my having confounded my case with one of erythema multiforme or herpes iris will, I trust, be obvious from the descriptions given.

Two or three interesting pathological questions are raised by this case. I can state them, but can only await the answers from experts in dermatology. What is the real connection between the cessation of a nasal catarrh and the exacerbation of a chronic dermatitis? And what is the real condition of the nervous system which gives rise to herpetiform eruptions? If answers are not forthcoming pathologically, Hahnemann helps in the treatment when he advises a grasp within the sphere of an indicated drug the totality of the patient's symptoms. I can only regret that I did not perceive at the outset of the treatment that my case required the more chronically indicated remedies, such as *sulphur* and *arsenic* persistently applied, rather than *rhus.*, *apis*, *canth.*, &c., which in such a case would be more serviceable in the more acute forms of inflammation as they arose.

OVARIOTOMY FOR LARGE ADHERENT OVARIAN CYST (BEING THE SECOND LAPAROTOMY ON THE SAME PATIENT WITHIN FOUR YEARS): AXIAL ROTATION OF THE PEDICLE: SHARP ATTACKS OF PLEURISY, AND OF INFLUENZAL BRONCHO-PNEUMONIA DURING THE CONVALESCENCE: RECOVERY.

By GEORGE BURFORD, M.B.

Physician to the Department for Diseases of Women, London Homœopathic Hospital.

THIS case was phenomenal in several respects. Four years ago abdominal section was performed on the patient by Mr. Sydney Jones for hepatic cyst of large dimensions. After her recovery she became pregnant, and from the puerperium onward noticed a gradually increasing abdominal distension. No period occurred during this time until about three months before admission, when the flow returned, and recurred at intervals of two to three weeks up to date of operation. She was sent into hospital by Dr. Goldsbrough, who diagnosed the case as one of ovarian cyst requiring early operation.

On admission she presented a thin, emaciated appearance everywhere excepting in the abdomen, which was enormously distended by an ovarian tumour, presenting the classical physical signs. So great was this distension, that the lower abdomen overhung the pubes as a pendulous bulging mass. The long axis of the tumour ran obliquely from the splenic region across the abdomen to the right iliac cavity.

During her stay in hospital the mass rapidly increased in bulk, so that as an urgent case operation was performed earlier than in the usual hospital routine. Assisted by Dr. Edwin Neatby, Dr. Dudgeon and Dr. Byres Moir being present, I opened the abdomen and proceded to the removal of this cystic growth. Adhesions were universal and vascular; successive cyst loculi were emptied, adhesions divided and broken down, and the pedicle disinterred. It was on the left side, and twisted half a turn in the usual direction—from left to right. Further axial rotation with strangulation had evidently been prevented by the number of adhesions in its locality. The pedicle being secured, the remaining

adhesions were detached, and the solid elements of the cyst removed, leaving a blank gaping chasm, the rightful abdominal viscera having been thrust aside by the huge cystic mass. The abdomen seemed almost eviscerated.

From the extent of the adhesions, and the difficulty in dealing with them, some blood was lost; and in the course of the operation two copious rectal enemata of hot water were given, and two smaller clysters of brandy. The patient was removed to bed in a state of shock, the radial pulse being barely perceptible. Free stimulation per rectum was resorted to, twenty ounces of brandy per diem being required for three days; this gradually improved the volume and tone of the pulse, but without the least physiological aberration in bodily functions. No pain, no distension, and but occasional vomiting were complained of.

Arnica in frequent doses was administered up to the fourth day.

A persisting, irritating cough, preventing continuous sleep now presented itself; and this refusing to yield to remedies, I asked Dr. Byres Moir to examine the chest. He at once diagnosed pleurisy, with effusion into the right pleura up to the level of the angle of the scapula.

Bryonia and *arsenicum* were now presented in alternation, and poultices applied.

Under this *regimè* the chest symptoms rapidly improved, the temperature fell, the physical signs showed retrocession, and the general condition indicated amelioration. So continuous was this that on the fourth day of the pleuritis Dr. Moir considered his special attendance no longer necessary, and left town for a brief holiday. Dr. Edwin Neatby now watched the convalescence with me. *Hepar* was prescribed in place of *bryonia*.

To our dismay, the temperature again showed a rising scale, with a maximum point of 104° after four days. The abdomen was quiescent; there were neither distension, nor vomiting, nor pain, nor any untoward symptom indicative of disturbance in the area of operation. Dr. Galley Blackley, the senior hospital physician, kindly saw the patient in consultation with Dr. Neatby and myself. He diagnosed the new condition as influenzal, and referred the newer symptoms to an influenzal origin.

Thoracic examination showed complete dulness up to the angle of the right scapula posteriorly, and to the level of the fifth rib in front; there was no ægophony. The cough was harassing, the sputum moderate in quantity, and tough and viscid in character; *china* and *arsenicum iod.* were the chosen remedies.

Only moderate improvement occurring in the course of two days' treatment, these remedies were discontinued, and *chininum arsen.* substituted. From this time onward progress was more marked and uninterrupted; the temperature steadily declined, no new symptom presented itself, crepitatio redux appeared early, and the general condition of the patient was obviously improving. By the eleventh day of the influenzal seizure the maximum evening temperature was 99.6; no higher record afterward occurring. For nocturnal perspiration the body surface was sponged on five successive nights; after which this measure was no longer requisite. *Chininum phosph.* was prescribed in doses night and morning, with the retention of *chinin. arsen.* during the day.

A month after the operation, the patient was sufficiently well to return home; she was able to walk fairly easily, to sleep uninterruptedly, and her appetite was unimpaired. The abdominal condition was eminently satisfactory, and the patient was rapidly putting on flesh. A gradually lessening dulness still persisted over the lower half of the right chest; but the usual signs of resolution were present, and there was neither local pain nor constitutional disturbance.

It is seldom that so phenomenal a case combines so many unusual and interesting features. Four years ago, the patient had undergone laparotomy for a large abdominal cyst of hepatic origin. When she came to hospital, the abdomen was greatly distended by a large multilocular ovarian cyst, which increased in bulk rapidly during the time in hospital antecedent to surgical relief. Operation was prolonged and difficult: the patient suffered considerably from shock; but from the time she recovered from the immediate effects of operation, the abdominal condition never gave us a moment's anxiety. During the crises of pleurisy and of influenzal bronchopneumonia, though occurring in the course of convalescence from a peculiarly severe operation, there was a conspicuous absence of even abdominal embarrassment.

And from the successive impact of the trio of crises—the traumatism of operation, the pleuritis, and the influenzal broncho-pneumonia—the patient made a rapid and unbroken convalescence.

Much of this excellent result was due to the satisfactory way in which the patient was nursed; a devotion and discretion on the part of the nurses which left nothing to be desired.

To Drs. Byres Moir and Galley Blackley my heartiest thanks are due, no less for their ready and immediate response to my call for physician's aid than for the brilliant results accruing from their supervision, contributing to the rapid recovery of the patient.

THE STUDY AND USE OF THE MATERIA MEDICA IN PRACTICE.

By Wm. Theophilus Ord, L.R.C.P. Lond., &c.

Visiting Surgeon to the Bournemouth Homœopathic Dispensary.

It might naturally be supposed that a subject so obviously necessary to medical men as the study of the *Materia Medica*, and anything so essential as its use in daily practice, can hardly call for comment, or supply material for an article in the *Monthly Homœopathic Review*. But obvious and essential as the matter undoubtedly is, difficulties exist which render the agreement of precept and practice in this respect less constant and satisfactory in our everyday work, than we generally admit should be the case. It is a fact none of us would, I think, dispute, that amongst those who are guided in their selection of remedies by the law *similia similibus curantur*, the most frequent and enduring cures will be effected by whoever adheres faithfully to the study and use of the Materia Medica. There are, nevertheless—and that not only amongst the ranks of the allopathic school—some who seldom refer to, much less study, Materia Medica, though in their daily work they may prove, notwithstanding this, to be fairly successful practitioners.

It may be useful briefly to notice the relative importance of the subject in the two schools of medicine, remembering that although we may find reasons that to

some extent exonerate our brother practitioners from blame in this respect, these can in no way apply to ourselves. A brief comparison will make this more evident.

We shall first of all perceive that the orthodox works on Materia Medica, like those of our own school, are very copious; fresh books are constantly being issued, which, on examination, it will be found, tend rather to elucidate the theories that may then be in vogue than to assist in the practice of medicine. It is also a noticeable fact that these books invariably become obsolete, and are practically forgotten in two or three years, to be replaced in their turn by others of a like nature. In this they afford a striking contrast to the permanent character of those of the newer school, the first of which, issued by Hahnemann just a century ago, being still a standard work with us. But in spite of this abundance of literature on the subject, it is observed that our brethren seldom consult their *Materia Medicas* when in doubt about a case, and it is questionable whether their use of remedies would be more successful than it now is, even if they more frequently referred to them. Why, then, it may be asked, can it be so urgently necessary for those who seek to be guided by the law of similars in their practice to constantly study their *Materia Medica*, when it is little consequence to the ordinary practitioner whether or not he adopts a similar course?

The answer to this enquiry is found in the vast difference that exists between the two systems, in the materials which each respectively employs for the purpose of a *Materia Medica*. Our brethren of the old school depend for their idea of drug action chiefly upon physiological experiment, chemical analysis, vivisection, and pathological investigation, whilst they ignore for the most part the natural indications for its use with which every medicine supplies us, by the effects it produces on the healthy human system. This is revealed—to those who have eyes to see it—by cases of poisoning, as well as by the intentional testing and proving of drugs as advocated by Hahnemann; it is only when the foundation has been laid from these sources that we obtain confirmatory evidence, and additional data that sometimes can be turned into use, from a study of physiological experiment and pathology. In the absence of

this foundation of facts, which we rely upon to supply indications for the proper use of remedies, these experimental investigations, however interesting they may be scientifically, can very seldom be utilised in practice; those who depend upon them, and hope to raise an edifice of scientific therapeutics on such a base, are building on sand, or in common parlance, putting the cart before the horse, and even worse than that—they altogether omit the tractive force, and endeavour to deny its utility!

As a matter of fact no practitioner, of any school, would venture to base his choice of remedies on such unreliable materials alone, and whether the allopath endeavours to aid his practice by studying a *Materia Medica* of this composition, or the homœopath neglects to study—and so fails to successfully employ—the very different information at his disposal, both alike show themselves to be relying upon empiricism in their work, to the exclusion of scientific therapeutics. Unfortunately for these, empiricism frequently fails, and proves an unreliable and fickle assistant; this will always be the case, because it is based upon appearances and theory instead of upon facts. Nevertheless, it cannot be denied that there are many successful practitioners who undoubtedly do good and relieve suffering with no better assistance in their selection of remedies than empiricism, especially is this the case if they are shrewd and quick-witted, so as the less likely to be deceived by the appearances they must rely upon for guidance.

But to us Hahnemann has revealed a far better way, and one by which the least experienced amongst us, who carries out his directions, may not infrequently cure cases which have baffled the most experienced exponent of the empiric method. This we were told could only be achieved with certainty by constant study and intimate acquaintance with the *Materia Medica*, the use of which, without its study, Hahnemann warned us, could only prove a disappointment and a failure.

Experience has abundantly proved the wisdom of these words, and we have found that it is but too easy, by neglect of the *Materia Medica*, to slip—half unconsciously perhaps—into routine methods of practice, which are but little removed from empiricism. Thus we too are sometimes tempted, instead of treating each

case on its own merits, to select a remedy because it has appeared to have done good in what seemed a similar case in our previous experience, and not because the provings of the drug in question exhibit similar symptoms to the case before us. Some may acquire the habit of considering *aconite* to be indicated in all febrile conditions, *belladonna* in all congestions, *phosphorus* as the best medicine for pneumonia, and so on. They will employ *nux* and *pulsatilla*, almost exclusively, in indigestion and amenorrhœa, and give *mercurius* or *kali iod.* in any case which they judge to be of specific origin.

Such practitioners must fail to cure a large number of really curable cases, because though on the surface they have the appearance of practising homœopathically, they are in reality ignoring its fundamental principle, and even if they are more successful than an average allopath, their practice must come far short of the standard of success that can be maintained by the more laborious but more scientific methods which Hahnemann indicated nearly a century ago.

As illustrating this subject, there is an instructive anecdote recorded by the late Dr. Carroll Dunham* which will bear repetition here. Somewhat condensed it is as follows :—

"A patient suffering from condylomata came one day to consult Hahnemann, who, having examined the warts, then questioned the patient for half an hour, noting symptoms in his record book. He then consulted the *Materia Medica* for a few moments, went into the next room, brought out three powders, and told the man to take one every three days, and to come again in two weeks. Hartmann (who relates the story, and was present) then asked Hahnemann what he had given. 'What!' replied Hahnemann, 'have you listened to the examination, and do you not know? You must study the *Materia Medica.*' So Hartmann said no more, for Hahnemann never told his pupils what remedy he gave, fearing to encourage routine practice. The fourteenth day the patient came again; the warts were but one-third their previous size. Hahnemann gave him two more powders, to be taken every fifth day, and told him

* *Lectures on Materia Medica.* Vol. ii., p. 392.

to come again the fifteenth day. Hartmann, surprised at the rapid diminution of the warts, again asked the remedy. 'Do you not yet know?' said Hahnemann, 'study the *Materia Medica*.'"

"The fifteenth day the man returned; no trace of the warts was to be found. Hartmann could not contain himself. He came to Hahnemann's study at an earlier hour than usual and opened his record book to learn the remedy given. It was *chamomilla* 30, three powders; the two on the second occasion were *sugar of milk* alone."

"More astonished than ever, Hartmann confessed what he had done to Hahnemann, and asked him 'on what grounds did you give *chamomilla*?' 'Ah, have you done that?' said Hahnemann; 'then take the book and read further; read the symptomen-codex and see if it were possible to give any other remedy than *chamomilla* when such symptoms were present.' And it was so. Even Hartmann was satisfied that *chamomilla* was the only suitable drug."

We can understand the astonishment with which those would regard such a cure whose idea of the powers of homœopathically-applied remedies in specific maladies is limited to *mercurius*, *kali iod.*, *ac. nit.*, and perhaps *thuja*; and we may wonder whether many of us at the present day would have discovered in *chamomilla* the appropriate remedy for the case. Certainly empiric methods would have been hopelessly at fault here, and those who neglect their Materia Medica must necessarily have failed. It would indeed be well for the advancement of homœopathy, and better still for our patients, if Hahnemann's constantly reiterated advice, "*study the Materia Medica*," were observed by us to the exclusion of every other aid in selecting the homœopathic specific.

But we frequently hear it stated that such a method can hardly now be followed, since the number of remedies in use has so enormously increased from the modest sixty or so, which composed the *Materia Medica* in the days when this advice was given. It is quite true that the most recent and important works in our own times contain between four and five hundred medicines, and that to acquire so intimate a knowledge of these, as was possible and necessary with those used in the early days of homœo-

pathy, is now obviously impossible. On the other hand, since it is comparatively less necessary for a medical man to study and be familiar with remedies he seldom has occasion to employ, we may enquire whether amongst this large number of drugs those in every-day use have increased in the same proportion.

To this question we can fortunately give an unqualified negative, the most successful practice is certainly not usually that in which the largest number of remedies is employed. Indeed rather the opposite obtains, and it may be safely affirmed that those are most likely to succeed in their treatment of patients who depend upon fewer remedies, *but know them thoroughly*. There can be no doubt that a practitioner who chiefly relies on the polychrests in dealing with ordinary cases, and who has made these medicines his constant study, is far more likely to be successful in his work than one who ranges over the widest field, where his knowledge must necessarily be limited and proportionally less thorough. That cases occur sometimes in which the commoner drugs fail, and in which less frequently used and occasionally newer remedies succeed, is unquestionably true, and within the experience of every one of us. Each should consequently be prepared to use these drugs, should know at least the outlines of their symptomatology, and have their records at hand for reference. This does not, however, outweigh the importance of constantly studying, and hence having a more implicit dependence for every-day work on the better known and better tried polychrests.

There is an interesting experiment bearing on this point which is recorded in the *British Journal of Homœopathy*,* in which the result of an enquiry into the number of drugs in use at the London Homœopathic Hospital is displayed, and also a list given of those commonly used in Germany at about the same time. During a period of nine weeks it was found that 4,067 prescriptions had been issued by the staff of some twelve practitioners. On analysis the number of remedies employed was found to be 125, and of these it is instructive to observe that eighteen were only ordered once, and twenty others only twice in the 4,000 odd

* Vol. xxiv., p. 149, *et seq.*

prescriptions. On the other hand, it was found that five were ordered over two hundred times, seven between one and two hundred times, and ten between fifty and one hundred times. It was also shown that fifty drugs included all that were prescribed oftener than ten times in the 4,067 prescriptions—that is to say, that less than once in every forty prescriptions had it been found necessary to go outside the range of the fifty most frequently used remedies.

In Germany, eighty-six drugs are given as being in common use, but further information supplied reduces these practically to seventy-two, all of which appear to have been included in the 125 employed at the London Hospital.

From these facts a simple calculation will show us that, allowing something for the increased number of medicines now at our disposal (which, however, is largely compensated for by some of the older remedies having dropped out of use), the number one hundred would include all drugs that are likely to be used by the profession oftener than twice in 4,000 prescriptions. In other words, that in every 2,000 prescriptions ordered a practitioner might expect once only to have to go outside the range of the one hundred drugs in most common use.

If this is the case, surely a mistake has been made hitherto in requiring that the books from which we study Materia Medica, and that are placed at our disposal for help in daily practice, should include the material of some four or five hundred drugs, as is actually the case. It is probable that if we looked through our prescription-books for a few months, or even one year, most of us would find that sixty at the outside covered the number of drugs we had employed in the time. Why, then, should these works, which we are rightly urged to study and refer to, burden us with a vast material which, being so seldom required, is superfluous for every-day work? Is it to be wondered at that their unwieldy size, or the fact of their being in several volumes, their expense, and other drawbacks to their use should discourage, and almost drive to empiricism in their practice, some of the more weak-kneed of our brethren, especially those who may have failed to realise the importance of the study and use of the *Materia Medica* itself, as taught and insisted upon by Hahnemann? This down-grade

tendency,—to forsake the pure *Materia Medica*—has been largely fostered by numbers of small and large commentaries that have been issued to assist practitioners in their search for a remedy, without subjecting them to the trouble of consulting the original material.

Before Dr. Hughes with his able co-editors had provided the *Cyclopædia of Drug Pathogenesy*, and Dr. Dudgeon his excellent translation of the *Materia Medica Pura*, the study and practical use of the *Materia Medica*, was a far more difficult matter; guide-books and commentaries then supplied a more legitimate want. But with these invaluable works at hand there remains very little to excuse our straying from, what I may call, the paths of homœopathic rectitude into the bye-ways of empiricism, and though the occasional use of prescriber's guides and keys may be allowed to the beginner in the study of homœopathy, as milk and pap affords food to babes, when each grows older strong food is required, and the study of *pure materia medica* alone supplies what is needful, both for healthy growth in the knowledge of therapeutics as well as for advancement in successful practice.

On the other hand, the arrangement of the material in these works, as I have endeavoured to show elsewhere,* as well as its vastness, presents an undoubted difficulty in utilising the *Materia Medica* for purposes of reference, and this has confirmed me in the opinion that the issue in one volume of the poisonings, provings and other valuable material of the one hundred drugs in most frequent use at the present time, would prove a practical method of encouraging the study and use of pure *materia medica* in daily practice.

It is to be regretted that no experienced student of homœopathic therapeutics has undertaken such a work, but in the absence of others better fitted for the purpose I have attempted to devise an arrangement which it is hoped may to some extent fulfil the necessary conditions. The specimen "*Arnica*" in the *Monthly Homœopathic Review* for September of last year was an example of an early attempt. Much helped by the kindly and valuable criticism which this called forth, the method was further

* "The arrangement of the *Materia Medica*," *Journal of British Homœopathic Society*, New Series, Vol. II.

developed, and then described in a paper read before the British Homœopathic Society on February 1st of this year. The example given here of *Conium* embodies several suggestions advanced in the discussion which followed the reading of my paper on that occasion.

[Pressure of space compels our withholding this schema of *Conium* until our next issue.—Eds. *M. H. R.*]

CLINICAL CASES.

By John McLachlan, M.D., F.R.C.S., Eng.

Case I.

About the end of March, 1892, a young married woman, 23 years of age, came to consult me about a large swelling in her neck. Her own medical attendant (she lived in the country) had advised her to go to the hospital with the view of having it cut out, but rather than do that she came to me.

The swelling was in the *left* "parotid region," was hard and firm, but more or less movable. It had been growing for about seven months, and so far as I could gather from her description, it had started about the angle of the jaw, and spread upwards and downwards, but more especially in the former direction. It had caused considerable swelling of that side of the face—a kind of bluish-red swelling, from pressure on the veins in that region; there was also a constant *sore, weary* ache. The swelling began when she was six months pregnant. There was pain in the temporo-maxillary articulation, and the whole jaw-bone felt sore. There was pain also in the side of the neck, shoulder and arms, probably from pressure on the descending branches of the superficial cervical plexus, and the upper part of the brachial plexus. The pains in the arm and shoulder were very *much increased by jars, e.g.*, driving in a cart. When she tries to work, as in attending to her household duties, the side of the face swells and becomes red, and the whole arm, shoulder and hand become stiff and sore, so that she has to desist. The pain wakens her about 6 a.m. and is also worse again after 6 p.m. She has a sinking feeling about 11 a.m. and still worse in the evening. Her feet are *very cold and covered with a clammy moisture;* in summer they sweat very profusely and have a very bad smell.

She always feels very bad in the evenings from 6 o'clock up to 9 or 10 o'clock, feels very faint but does not lose consciousness. *She cannot bear to be left alone in the evening*—a feeling of dread comes over her and she feels she must have someone with her. She feels as if she could *sit and cry all day*, but this feeling is worst in the evening. She must have whatever she asks for at once, otherwise she will not have it. She has *vertigo on stooping*. She is thirsty for big drinks often and wants them *very cold;* she has a great desire for beer. The *monthly periods recur with their accustomed regularity*, even though she is suckling her baby, which is now four months old, I rather think, too, that the flow of blood was profuse. Her whole condition, especially her mental state, was a very sad one, as she was unable to attend to her household duties or her baby, with any degree of comfort, and was thoroughly despairing. The case cost me a good deal of anxious thought as to what remedy to give her, for not only did I want to see the poor woman cured, but cured in the shortest possible time, and in the most reliable and most harmless way, according to the second paragraph of the *Organon*. There were several medicines, it seemed to me, demanded study, more especially *calc.*, *silica sulph*. The increase of pain from jars reminded one of *bell.*, and *calc.* is said to be the *chronic of bell.* The offensive foot sweat would naturally suggest *silica*, but *calc.* has that symptom also. Menstruation during suckling is found under both *calc.* and *silica*. The mental symptoms, however, were more particularly characteristic of *calc.*—especially the *feeling of dread towards evening*. She got three powders of *calc.* 30 to be taken two days apart, according to the plan advised by Jahr. The result, I must confess, considerably astonished me, for in less than three weeks the swelling and nearly all her other symptoms had practically disappeared; the only trace left of the swelling was a small lump, like a slightly enlarged lymphatic gland, close to the angle of the jaw. One symptom, however, the *calc.* did not remove, and that was the menstruation during suckling; this went on to the end of lactation, apparently without injury either to mother or child. One thing I have always regretted, and that is that I did not give a single dose of a higher potency. I did not deem it wise to repeat *calc.* upon

itself, on account of Hahnemann's warning in his remarks on *calcarea*.

In regard to the pathological anatomy of the swelling, there can, I think, be little doubt but that it was glandular, though I was by no means *sure* of this in the first instance, and I felt I could not therefore take that into consideration as a help, or otherwise, to the selection of the appropriate remedy. Swellings in the "parotid region" may be:—

1. Simple, inflammatory.
2. New growths, as—
   - *a*. Glandular.
   - *b*. Fibrous.
   - *c*. Cartilaginous (simple ?).
   - *d*. Sarcomata.

Perhaps, one of the commonest new growths in this region is "*the* parotid tumour," being a mixture of cartilage, myxomatous tissue, ordinary fibrous tissue, and of ill-formed glandular acini in varying proportions. This peculiar tumour is sometimes innocent enough, but very often manifestly malignant, running a very rapid course. It was this tumour that bulked most largely in my mind's eye when I first examined the case.

Case II.

Late one evening in the beginning of February, 1892, a being, in the form of a man, called upon me and asked me to visit his little boy aged 2½ years. He (the man, not the boy) was considerably the worse of liquor, and proceeded to inform me, in somewhat flowery language and with considerable circumlocution, that he had heard of my great abilities and wonderful cures (I had not been quite three weeks in Oxford, so evidently my fame was somewhat precocious) and was firmly convinced that if any one in Oxford could cure his boy I was that one. The whole affair seemed to me somewhat "fishy" (I discovered afterwards that he was a *fish* salesman), and instinct told me that I would very likely never be paid for my trouble.

The boy had been suffering for three weeks from diarrhœa, notwithstanding various orthodox "diarrhœa mixtures." He was sitting all of a heap in his mother's lap, and looked like a withered up little old man.

The mother said the diarrhœa was brown, watery and fœtid; there was prolapsus ani, and she noticed that he

strained a great deal and showed but little inclination to "get up off the pot," but sat and strained for a long time. She said he was teething, and had got very much thinner lately and lost his appetite. The diarrhœa is worst in the morning when he gets up. He has a desire for milk.

The most likely medicines for this case seemed to me to be *merc. sol.*, *podo.* and *sulph.* *Merc. sol.* has the "never get done feeling" very marked, also the prolapsus and increase of diarrhœa during dentition, and craving for milk. *Podo.* and *sulph.* have more characteristically the morning <. *Podo.* has also the < during dentition, though not so marked, I think, as *merc. sol.*, nor is the "never get done feeling" so evident, and I do not think it has the craving for milk. Anyhow, I decided to give the boy *merc. sol.* in the 6th potency. He had one powder that night (Thursday). I called next forenoon and was gratified to find that the diarrhœa was better, and so far as I know it did not again return. In fact he looked so much better that they spoke of taking a "day in the country." The following day (Saturday) I had to visit a patient some 20 miles from Oxford, and during my absence they had sent for me to come and see another child who had been suddenly taken ill; not finding me at home they did not care to wait, and so called in an allopath. I suppose they had mentioned the cure to this doctor and showed him the remaining three powders—one of *merc. sol.* 6 and two of *sac. lac.* These he pronounced to be very dangerous, and said they should not be given to the child lest they might kill it. So the father took them back to the chemist, and not only refused to pay for them but told him that if the child had taken another powder it "would have been a corp." I need hardly add that my little bill has not been paid yet.

Case III.

A young lady, aged 22, was brought to me by her mother, complaining of the following symptoms:—Pains in the "chest" almost as soon as she eats anything, though it is relieved *while eating*, and is also *by lying flat on her back*, *e.g.*, a favourite position is to be flat on her back on the hearthrug when the pain is very severe; it is also relieved when she lies on her back in bed. The pit of the stomach is tender to touch, and the

pain, she says, goes through to her back. She describes the pain as gnawing, or like rubbing a sore, raw place. She has a constant feeling of sickness, though this is worst in the morning. She is fond of fruit, as oranges, grapes, &c., and of eggs, and has a craving for tinned salmon; but she is averse to meat and cannot take milk. Her teeth are markedly strumous, and she has scars in her neck from previous strumous abscesses. She is very anæmic and has the usual signs of that condition, such as weariness of the legs, palpitation and breathlessness, &c. She complains of frontal headache, with heavy feeling in, and pain behind the eyes. She is very costive. The "monthlies" are pale, irregular and scanty. After going to bed she has to lie a long time before she can fall asleep. I prescribed a few doses of *puls.* 24, and told her to rest as much as possible in bed for a few days. A week later they sent for me to come and see her. I found she was no better, in fact they said she was rather worse, notwithstanding the fact that she kept her bed for the greater part of each day. I went over her carefully once more, but could not obtain any fresh symptoms. I learned, however, that her elder sister, some years previously, had suffered from ulcerated stomach, and had been taken into an allopathic "Home," and there fed entirely *per rectum* for four weeks, but that "cured" her. The mother was afraid that her younger daughter was going the same way, as her sufferings were very similar to those of her elder sister. After making a fresh study of the case I sent her one dose of *graph.*, 200 (a few globules in a powder of sugar of milk) to be taken at bedtime, and six powders of *sac. lac.* to be used as directed. A few days later I called to see her, and was told that there was a marked decrease in the pain the very next day after taking the *graph.*; so much so that she was able to get up and take her food with comparative comfort, though there was a little pain still. The only thing she complained of now was a peculiar feeling in the eyes, as if they were being pulled into the head. I did not repeat the *graph.*, and a day or two later the pain had entirely disappeared. I ought to add that, *pari passu* with the disappearance of the pain, the anæmia seemed to disappear also.

In our "old school" days we used to hear a good deal

about the "vicious circle" in disease; but there is a "vicious circle" that I dread far more, and that is the "vicious circle" of routine prescribing. There cannot be the least doubt that my first prescription was a bungle; and yet there seemed to be some reason for making it, *e.g.*, the sex, the stomach trouble, the character of the pain, the aversion to milk, the anæmia, the menstruation, and the sleep, might all reasonably enough be supposed to indicate *puls.*, yet it was a bad prescription, for the simple reason that *puls.* has not the special "characteristics" of that particular case, and had I not, for the time being, forsaken the "strict inductive method of Hahnemann," I would not have made it.

The special "characteristic" of this case, it seems to me, is the fact that the pains in the stomach disappeared *while eating*. Several medicines have that condition, but more especially *anacardium*, *chelidonium*, *graphites*, and *petroleum*. On comparing these four, *graph.*, I found, was the one that was most like my case, for not only were the pains in the stomach under *graph.* relieved while eating, but they are so also by lying down. (See "Guiding Symptoms.")

Further, *graph.* has "anæmia" and "chlorosis" as well as "scrofulosis," and along with the anæmia, gastrodynia and gastralgia.

I do not know whether the feeling "as if the eyes were pulled into the head" was produced by the *graph.* or not, but at the time it seemed to me that it was. Compare the headache of *Paris quad.* and also a somewhat similar (though one-sided) sensation in the proving of *Sanicula aqua*. Consult also *Silica* and *Spigelia*.

Oxford, May 1st, 1894.

TWO ABDOMINAL CASES.

By Wm. Lamb, M.B., C.M., Dunedin, N.Z.

Two cases of acute abdominal disease have occurred in my practice, which I think worthy of record, owing to their speedily fatal issue and the difficulty of diagnosing the exact lesion during life.

Case I.

A. E. K., a girl æt. 8, was taken ill on the 27th Feb., 1892, complaining of abdominal pain and vomiting. I saw her in the forenoon of the 28th. Her pulse was about 130, and temp. about 101°, vomiting and abdominal pain very troublesome. The mother thought the symptoms due to her having eaten some apples, which, however, I found were in fairly ripe condition. I prescribed, and returned about 7 p.m., to find my patient worse and *now* vomiting fœcal matter. I at once informed the mother that there was probably some form of obstruction, and most likely an operation would be necessary, and I should like a consultation with another doctor. When the doctor arrived he fully concurred in the necessity of abdominal incision. A third surgeon was sent for to assist, and the operation was carried out that night. On opening the abdomen there was *fæcal peritonitis*, and on searching for the cause, the appendix was found crammed full of hardened fæces, sticking up just like an erect penis. It was inflamed, and at its junction with the gut there was an ulcerative perforation through which the mischief was leaking. There was no blockage of the colon with fæces, in fact it was singularly empty. None of us expected to find what we did. She died about ten hours after the operation.

Case II.

M. W., a boy æt. 4, on the 22nd Feb., 1894, complained of abdominal pain and vomiting. That day he had a loose slimy stool; two days later two frothy stools. I saw him on the 25th, as the pain and vomiting had continued. The vomit was like green paint, tongue with thick yellowish-brown fur, pulse 144, temp. 100°.3, hippocratic countenance. My diagnosis was at first gastro-enteritis, but as no remedy had the slightest effect, and the symptoms pointing to some form of obstruction with peritonitis, I obtained a consultation, with result that an operation was executed on the 28th, revealing *an acute purulent peritonitis*, the pus being perfectly inodorous. We could find no cause.

There was no perforation, no twist, no intus-susception, no band. None of us expected to find what we did. Abdominal percussion did not indicate the presence of such a quantity of pus, owing to the intestines distended

with flatus floating on the surface. Here the parents attributed the attack to the boy eating one solitary plum! The boy died four hours after the operation.

In the first case, the little lass was running about three days before her death, apparently quite well. In the second case, the little boy was doing the same six days before his death.

In each case the parents attributed the trouble to fruit, which, however, had nothing whatever to do with it, at least in my opinion.

In each case three doctors were baffled in diagnosis.

In the first case, we thought it was either an intussusception or ileus; it turned out to be *acute peritonitis, due to perforative or ulcerative appendicitis, due to impacted hardened fæces in the appendix*, the colon being comparatively empty.

In the second case, the diagnosis lay between ileus and appendicitis; the knife revealed *acute suppurative (inodorous) peritonitis.*

ANOTHER METHOD OF PROVING MEDICINES.

By George Herring, L.F.P.S. (Glas.), L.S.A.

A few days ago I prescribed for a gentleman, suffering from lumbago, a liniment of *rhus tox.* After making two applications he noticed an unusual activity of the kidneys, and being unable to account for this in any other way, he attributed it to the use of the liniment. On the day following, he had a pricking irritation of the skin over the thorax, which reminded him of the first symptom of that affection of the skin known in the West Indies by the name of "prickly heat"—*Lichen Tropicus.* This symptom was also credited to the *rhus* by me.

On thinking over this proving of *rhus* it occurred to me that other medicines might often be proved in the same way, that is, by external instead of internal use. Many provers would, I think, prefer this method, and perhaps some would be disposed to prove in this way who would object to prove in the ordinary way. The symptoms produced, too, would probably be of a purer character, for when one reflects upon the miscellaneous assortment of solids and fluids which enter the stomach it need never surprise us if a few doses of a medicine are

lost in the general admixture. Indeed it is as likely as not that the remnant of a medicine left in the mouth after the bulk has been swallowed is often the really operative portion. But however this may be, we know that the skin is an excellent absorbent, as has been often demonstrated. For instance, let a little *terebinth* be rubbed on frost-bitten fingers, and we shall find the urine will have the well-known odour of violets. A *cantharides* blister will sometimes produce strangury. *Nux vomica* used externally has produced an irritation of the anus. Many other examples might be adduced, and there is no reason to suppose that we have a single drug in the Materia Medica that could not be used with effect through the medium of the skin. And by parity of reasoning we may also conclude that by the same means we might use our remedies in the cure of disease.

PROVING OF DI-NITROBENZOL.

[We make no apology for reprinting the greater part of the subjoining most interesting and valuable paper from the *British Medical Journal* of March 3rd, from the pen of Mr. Simeon Snell, F.R.C.S. Edin., Ophthalmic Surgeon to the Sheffield General Infirmary. The paper is entitled "Remarks on Amblyopia from Di-nitrobenzol, with remarks on the employment of this substance in the making of certain explosives, and its effects on those engaged in the manufacture."] Nitrobenzol is used in the manufacture of aniline dyes and other products. Di-nitrobenzol is largely employed in the making of explosives such as roburite, sicherheit, etc. From the report* recently made to the Home Secretary by Dr. Dupré, F.R.S., and Commander Hamilton P. Smith, one of Her Majesty's Inspectors of Factories, it is to be gathered that nitrobenzol is not very injurious to those who work with it, notwithstanding the fact that taken internally, it is undoubtedly poisonous. Benzol and toluol (coal tar products), treated with nitric and sulphuric acids at moderate temperatures, become nitrobenzol or nitrotoluol; further treated with the same acids at higher temperatures they become di-nitrobenzol

* On the Risks arising and Precautions to be adopted in the manufacture and Handling of Nitrobenzol and Di-Nitrobenzol.

or nitrotolual, and assume a crystalline form at a temperature of from 158° to 176° F. The ordinary commercial substance is said to contain impurities, some of which are more volatile than the di-nitro, while some are fluid at ordinary temperatures; they thus impart to it a more or less powerful smell resembling that of bitter almonds (due sometimes, but not always, to the presence of nitrobenzol), and renders it more or less greasy to the touch, while the pure chemical should not be. The presence of the impure products spoken of increases the danger of working with di-nitrobenzol, not only on account of their vapours, but chiefly because the greasy characters tend to make the substance adhere more when handled, and thus promote absorption. At most of the explosive works the di-nitrobenzol is submitted to some sort of purification, which is necessary to comply with the requirements of the Explosives Department of the Home Office, but does not affect the impurities spoken of. The di-nitrobenzol acts as a poison whether ingested, absorbed by the skin, or inhaled into the lungs in the form of vapour or dust.

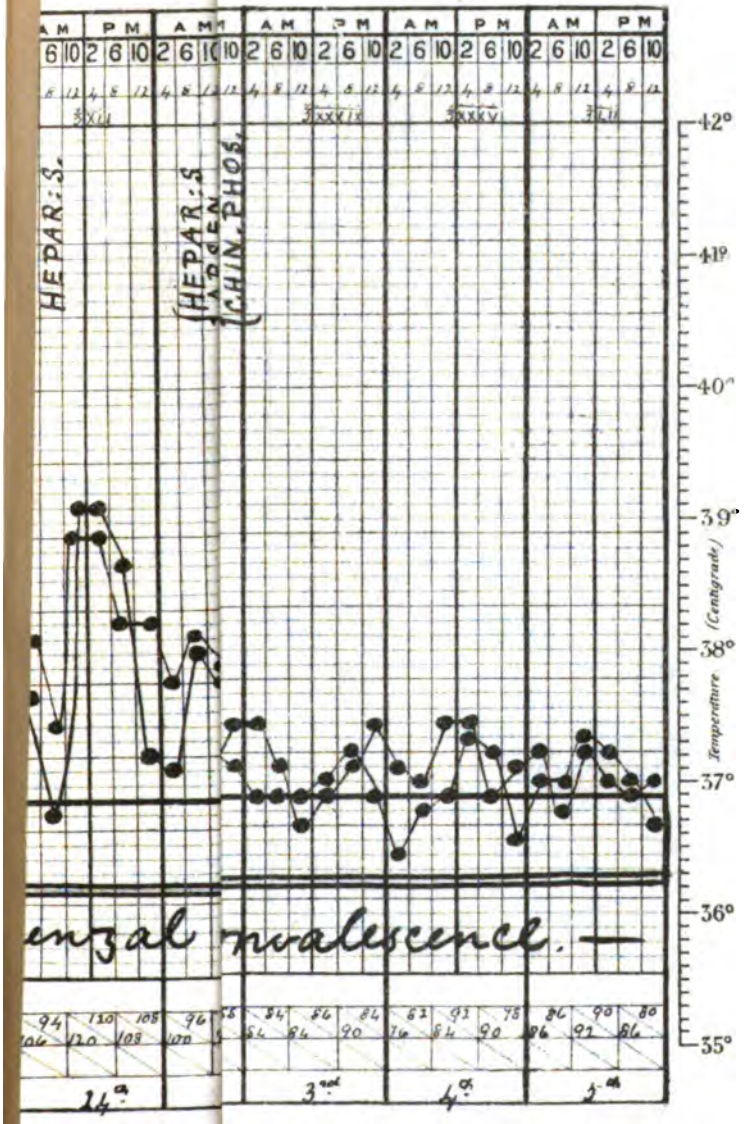
The di-nitrobenzol arrives at an explosive factory in slabs, say, of 15 inches square and about 4 inches thick. This is first ground in an apparatus with steam rollers not at all unlike a small mortar machine. In this process a good deal of dust is given off, and the men remark on the smell of bitter almonds. The next step is to take the yellowish powder thus obtained to the mixing shed, where it is put into a large pan, and mixed with oxydising salts and other materials, and heated with steam. It may be put into one of these pans, say, at 7.30 a.m., and be heated until noon. Then it is cooled by cold water being pumped on the outside of the shell. When cool the material is turned out of the "mixer." It is during the taking out of the material from the mixer that workmen are especially exposed to the vapour. The dangers are lessened by the adoption of a "cowl" to the mixer, and also by the use of fans. Thus prepared the explosive is put away in cylinders and kept until required. The next step is to take it to the filling room, where it is put into cartridges, weighed, and stamped, and finally it goes to the dipping shed, where the cartridges are waterproofed by dipping them in liquid paraffin wax.

The most injurious work is that of "grinding" and "mixing," especially the later. Men are employed in these processes. For the filling of the cartridges, and for the dipping also, women and girls are employed. In the first named the powder is shovelled into the cartridges, and directly handled; a good deal of dust is also given off. Respirators and gloves are used, as they are also by the men mixing or grinding. The "dippers" are the least exposed to the effects, it would appear, but they do suffer. The greasiness about the hands from the paraffin may also aid absorption. Here also gloves and respirators are worn. There is not much dust, the powder being confined inside the cases.

I will now proceed to detail the cases that have come under my observation suffering from amblyopia.

Case I.

J. H., aged 35, presented himself on February 11th, 1892. He stated that just before the previous Christmas, his sight commenced to fail. On reaching home that night he could not recognise his wife across the table. During the next few days it became much worse, and then deterioration was more gradual. Recently his vision has remained about stationary, and this, as will be explained, has been associated with an alteration of work. Vision in each eye is $\frac{3}{60}$, and he reads J 16. Both optic discs are decidedly pale; the edges are quite defined, and there is no appreciable diminution in calibre of vessels. The field of vision is somewhat contracted concentrically, and there is a small fairly defined central scotoma for red and green. The pupils are normal in all ways. The patient has been a smoker for twenty years, consuming generally about 1½ oz. a week; he has not been smoking more nor less than usual lately; the kind of tobacco he smokes is cut cavendish. He takes very little alcohol, being almost a teetotaler. His face is pallid, lips bluish, and coujunctiva yellowish. The finger tips are blue, looking like "cold fingers;" the nails are discoloured, of a fawn colour, darker at the ends, and gradually tapering towards the matrix. The toes are like the fingers, the nails being even more discoloured. The urine was free from albumen; specific gravity 1029; whilst he was engaged in the work to be mentioned it was dark like ink, but it has lately become


AM PM AM PM AM PM AM PM AM PM
6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10 2 6 10
HEPAR: S.
HEPAR: S
IODEN
CHIN. PHOS.
42°
41°
40°
39°
38°
37°
36°
35°
Temperature (Centigrade)
94 120 108 96 84 84 84 84 62 92 78 86 90 80
106 120 108 100 84 84 90 76 84 90 96 92 86
14a
3rd
4th
5th

clearer. The man's occupation properly is that of a blacksmith, but being out of employment and failing to get anything to do at his own trade, he went to work in July, 1891, for a company where explosives, in which nitrobenzol was used, were made. Previously to undertaking this work, he asserts that his health was perfectly good and sight excellent. He was employed at these works in the "mixing shed," and worked there in the way that has been described. He began this three days after joining the works. On the first day he asserts that he felt the effects of the benzol. He experienced giddiness and shortness of breadth. A short time later he looked yellowish and his lips blue. The giddiness compelled him to sit down. Gradually he appears to have become accustomed to these symptoms, and he does not seem to have suffered as severely as others to be mentioned. He kept out of the mixing shed as much as he could, and his residence being a good distance from his work he was compelled to take a good sharp walk. These are reasons, he thinks, why he suffered less than others. Before Christmas, however, he became worse; the shortness of breath increased; he tossed about in bed in his sleep, and suffered from great weakness. He experienced a feeling of want of sensation in his arms and legs, and they were "prickly feeling"; the legs were numbed to the knees and the arms to the elbows; there was a stiffness about the hands and feet, but especially the fingers; he finds a little difficulty in undoing his collar button. The patellar reflex is good (exaggerated ?). When "mixing" he suffered from occipital headache a good deal, but has not had any vomiting. Memory, taste, and smell are all good. He was disturbed and restless in sleep, and was troubled with dreams and shouted out. A marked effect had been wrought on his sexual functions. He had lost desire, and he said that his wife told him "he would be no good until he had left off the work." He had not been amongst the powder for about a month. The only other point to mention is that he suffered from an attack of influenza before going to the explosive works. He was desired to avoid all contact from the benzol compounds, and the firm provided an occupation away from these for him. He was prescribed liq. strych. in a mixture. He was desired to continue his smoking pre-

cisely as he had been accustomed to do. Progress towards recovery was steady.

On March 12th V=$\frac{6}{12}$ in each eye. A few days later he said that his sexual functions were restored to normal. On April 24th V=$\frac{6}{6}$, and shortly after this he discontinued the strychnine. On May 20th vision still the same, taking no medicine. A final note may be recorded. November 19th no red scotoma, and field of vision good. Vision is excellent, and he reads J 1 easily and V=$\frac{6}{6}$. There is still some pallor of optic papillæ. He looks well, has a good colour, does not suffer from fatigue, and can work as hard as ever he could. He is still a little shorter in breath than formerly, and there is some remaining numbness in hands and toes.

Case II.

C. W. F., aged 38, came to see me on April 9th, 1892, complaining of defective sight. He had been employed at the same factory as the last patient. He had worked there as a "mixer" off and on for twelve months. His skin is jaundiced and the conjunctiva is distinctly yellow, and the lips markedly blue. He suffers from shortness of breath. After a day's work he experiences aching of forearms and of legs, and also tingling of fingers. Occasionally he has had vomiting and nausea. Sometimes at work, or after leaving it, he has felt as if he were drunk; weak, giddy and staggering. He cannot drink anything now, because of the greater effect it has on him. His urine is black, specific gravity, 1024. A specimen was examined by the spectroscope, and the result will be referred to further on. He had a pulmonary systolic murmur. His sight had been failing since the previous Christmas, about four months. Vision in the right eye was $\frac{6}{24}$, left, $\frac{6}{36}$; both optic papillæ were somewhat pale. In each eye there was a central scotoma for red, and concentric contraction of field. He has been a smoker since the age of 17; for the last three years the quantity he has smoked a week has been 1½ ounce, before that time it was about 3½ ounces a week.

I have not had an opportunity of seeing this man again, but I have heard of him, and have made the following notes from information received as to his subsequent condition:—

June 18th, 1892. After he had been over to see me

he did very little work with the di-nitro. He used it, perhaps twice a week, but not for a long time together. Then he did "carrying." He left the place at the end of May. He was afterwards asked to go back for a day or two to "mixing," as the man who was employed at that work was too ill from the "powder" to go on with it. One day at "mixing" made him so ill that he could not get his breath. He was raving and unconcious from 5 in the afternoon to 10 at night. The doctor gave him up, but he recovered. His sight has been much better since he discontinued working at the factory. More recently I have heard that he had re-enlisted into the army.

Case III.

F. E. was seen on April 19th, 1892. He had been a "mixer" in the same explosive works as the cases already mentioned, but had left the place twelve months previously. Since then he had been employed as a labourer at some mills. When working with the nitrobenzol, after a day's labour he often had attacks of giddiness but no nausea nor vomiting. Before going to his work his health and eyesight were both good. After being employed there, however, for about seven months he noticed that his sight was affected. At first he had been engaged in the magazine handling the cartridges, and then he commenced to "mix." It was when he had been occupied with this latter kind of work for about two weeks that his sight became impaired. He relinquished the work altogether, for he feared he would become perfectly blind, and since discontinuing it he states his vision has become better. He has been a smoker for fourteen years, and is as much addicted to it now as ever he was; 2 ounces of "twist" a week is his usual quantity. When his sight commenced to fail he was smoking less because the breathlessness compelled him to do so; he was only at that time smoking about ½ ounce a week. In each V $\frac{6}{36}$; the discs are pale, but there is no diminution in calibre of vessels, and the edges of the papillæ are well defined. The visual field is contracted concentrically, but there is no scotoma for red. When working with the benzol he suffered from breathlessness, pains in the legs, and cramps. He could not take drink because it made him feel so bad. On leaving after a day's work he often reeled so much from

the effects of the benzol, in his gait, that he was taken to be drunk. The knee-jerks are now somewhat exaggerated (?) The heart sounds are normal, and his colour is a decided contrast to those who are working, or have recently been doing so, with the compounds spoken of.

Case IV.

S. E. C., aged 17, was first seen by me on the occasion of my visiting the works in February, 1892. Mention will further on be made of the inspection then made of the *employés*. The following note was entered :—"Has been 'filling' for six months. Marked shortness of breath : very anæmic : lips bluish ; pulmonary systolic murmur : loud venous hum ; tips of the fingers feel cold to the touch, although she is not apparently conscious of it herself."

She was seen again on March 10th and examined with the ophthalmoscope ; it is stated that the retinal veins were full.

On April 12th she came over to see me for more complete examination. She had, it appeared, been employed at the works since August 12th, 1891. She now made no complaint of any impairment of sight and V = $\frac{6}{6}$ in each eye. The retinal arteries and veins were both rather full, but especially the veins ; the optic papillæ did not indicate any alteration. There was less difference in colour between the arteries and veins than usual ; the veins were readily traced to the periphery. There was no scotoma for red. There was a faint systolic murmur over the pulmonary artery. She complained more of weakness than when she was at first seen. She was away from work now on account of headache. She had loss of appetite but no nausea, there was numbness of feet which were also sore. She says now that she feels both feet and hands to be cold. There has been no injurious effect on menstruation, which has continued regular. Urine is black, almost like ink—specific gravity 1030. Urates : nothing to be seen under the microscope except amorphous urates ; no blood detected with guaiacum test. The urine was submitted to spectroscopic examination, as was also the blood drawn from a needle prick of the finger ; it was very thin and black

looking. The results of this examination will be referred to presently.

July 23rd, 1892.—Her sight having become impaired she was brought to me to-day. She had been very ill on and off since her last visit in April. Yesterday afternoon she was taken ill and had to be sent home; she could not walk and had to be driven. She had pains in the abdomen with nausea, but could not vomit. The dizziness caused her to reel like a drunken person. She could not walk, and even fell off a stool on which she was sitting and tumbled also on getting into the trap which was to take her home. Complains now of dyspnœa. She feels very ill and doubtless is, for she looks it.

Her sight began to fail shortly after her visit to me in April. She could not read nor keep any account of the work which was done which was a part of her occupation. She does not think she is worse now than she has been for the last two or three weeks. There is increased pallor of face, mingled with a bluish tinge; the lips are blue. The colour of the hair has curiously altered from a golden to a sort of red. Urine has been very black lately. There is a hæmic murmur over the pulmonary artery, and a very marked *bruit de diable*; pulse is very soft and compressible; about 80, and regular. Vision: R. $= \frac{6}{36}$; L, $\frac{6}{24}$; she reads J 2 with each eye. Field of vision appears a good deal contracted concentrically; there is no scotoma for red or green, but there is a good deal of retinal hyperæsthesia, which interferes with trustworthy use of the perimeter. The retinal veins are full; the discs are pale, but the edges are sharp.

This patient could not be prevailed upon to enter the infirmary for treatment, and has not again been seen by me. I have, however, learnt that she has worked as much as she has been able, but has often been off at home ill; it seems as if these girls were almost compelled to continue working, as so many others are willing to do it. If complaints are made others will soon be found ready to take their places. Her sight when she was last heard of remained about the same as at my examination.

Case V.

C.S., aged 56, was first seen by me on a visit to the explosive works on February 10th, 1892. He was then

working as a "mixer," and he had been doing so for twelve months. The following note was then entered: "He is less asphyxiated-looking than the other men are. Headache when a good deal in the fumes. Heart, normal. Notices that hands feel numb sometimes, and legs also up to knees. With ophthalmoscope retinal veins are seen to be much larger than arteries." Again, on March 10th, he was seen working at "mixing" and "grinding." He made no complaint of his eyesight at this time, but from what he told us later, it would appear to have then attracted his attention. From other sources I heard of this man from time to time, and that he was suffering as it was said a good deal from the "powder." On December 28th, 1892, he came to me on account of his eyesight, which he said was failing. Notes in more detail were then made as to his work and as to his condition, as follows:

He had now been a "mixer" for two years, "the worst job about the place." On two occasions he had been obliged to consult the doctor; the first time, soon after joining the works, was on account of shortness of breath, and the second time, in the spring of this year (1892), for giddiness and staggering; he could not walk many yards without falling. This lasted three or four days; he had previously been working for some days continuously. He had often noticed shortness of breath and giddiness after close application to his work on other occasions, besides the one just named. He had never had any vomiting. He said he had numbness of feet, and thought they were getting weaker. His breath was very short after exertion, and his limbs ached after walking. A glass of beer after a day's work acted on him in such a way as to make him stagger as if he were drunk, but he said "he felt all right in his head." His urine was dark, like porter, and had always been so since he had worked at the explosive works. The knee-jerks were normal; the sensation of the hands was normal, and there was no wasting of muscles. Nails were discoloured yellow, the conjunctivæ were yellowish, and there was a bluish tinge along the lips. He said his sight had been failing for twelve months, but it had been during the past few months that it had become so much worse. He could not now read the newspaper. V : L = $\frac{6}{60}$; R = $\frac{6}{60}$, and he read

J 18. The optic discs were less rosy looking than normal, indeed somewhat greyish; the edges were also a little less defined; the veins were rather full, but there was no diminution in the calibre of arteries. The field of vision was contracted concentrically, there was no definite colour scotoma, but the central conception of red and green was somewhat dulled. He had been a smoker for forty years; the kind had been cut cavendish, and while formerly he consumed 2 ounces a week, for the last year it had been only 1 ounce a week. He had smoked less he told me because he had not had the inclination for it, and when he had been working in the mixing room he had scarcely had the "wind" for it.

It may be well here to refer to visits I was permitted to pay to an explosive factory. They enabled me to see the actual conditions under which the *employés* worked in the different processes; they afforded also opportunities for examining a number of those engaged in these processes with the benzol, and thus to gather further evidence as to its effect on the system. Dr. Cocking, Physician to the Sheffield General Infirmary, was kind enough to accompany me, and I am much indebted to him for a great deal that follows bearing on the medical aspects.

Men were seen engaged at grinding, and working in the mixing shed. They wore respirators over both nose and mouth. I also saw girls, several of them "filling;" respirators and gloves were employed, as with the men. There was a smell of bitter almonds in the shed. The powder was taken up with a small shovel, and put into cases made of waterproof paper, and afterwards they were rammed down with a rod. It was then weighed. The waterproofing or "dipping" was also seen. The cartridges were dipped into the liquid wax, weighed, and the weight stamped on each. The bitter-almond smell was also detected here, but much less so than in the mixing shed.

The following, who were engaged at work, were examined by us: Two men working as mixers; one C. S. has been already described (Case v).

R. C., aged 33, was another man engaged at "mixing." He looked half asphixiated; face bluish: lips especially so. Shortness of breath and headache occasionally. Hands and fingers were discoloured, and toes also, but

in a less degree. Heart: The apex beat was normal; faint pulmonary systolic *bruit;* marked *bruit de diable,* right less marked than left. Veins in the fundus oculi enlarged. Knee-jerk was normal. He was examined at a later date, especially with regard to the condition of the background of the eye. Again, my note says veins decidedly larger than arteries, but arteries appear somewhat dull. The urine was of a dark brown colour; specific gravity 1024.

Among the "dippers" and "fillers" the following were examined:

E. A., aged 17, has been working at "dipping" for two months; there is a venous hum and pulmonary systolic *bruit.* Has suffered from shortness of breath and palpitation; was badly affected a few days before examination. No complaint of numbness or dead feeling of extremities, but to the touch they felt cold; there is also blueness of finger tips. Here again the retinal vessels were noticed to be very full, but especially the veins.

A. H. had been five weeks "filling; blue face, lips especially; pulmonary systolic *bruit;* no venous hum. hands feel cold to the touch, but she does not notice it herself. Breathlessness, especially on walking.

An opportunity of a more complete examination of this girl was afforded me a little later, and the following notes were then made:

She is 16 years of age, but has not yet menstruated. At the later date mentioned she had been working for four months. The retinal veins were found with the ophthalmoscope to be very much enlarged, like the branches of trees; the arteries are less altered; the vessels somewhat obscure the discs. She makes no complaint of vision being affected; $V = \frac{6}{6}$ in each eye; there is a weak degree of H. The edges of optic papillæ a little blurred; no red scotoma. Some blood was drawn from a needle-prick of a finger, and it was found to be very dark and thin. She has only been working three days a week lately, and the shortness of breath is less; no giddiness, no vomiting; the only complaint is shortness of breath; blueness of lips marked; the urine is very black; suffers from muscular weakness. Has been away from work in consequence of "jumping of heart."

S. E. C., six months working as a "filler." The work with di-nitrobenzol has had no effect on menstruation. Her case (IV) has been detailed already.

E. A. B., a "filler;" pulmonary murmur and *bruit de diable;* retinal veins full, arteries not so much so; less marked than in most cases.

G. A., aged 18, has been working five months; is a "dipper;" pulmonary systolic and mitral systolic murmurs; has had rheumatic fever; no venous hum; no effect on menstruation.

E. W., aged 17, employed only three weeks; retinal veins full.

A. H., aged 16, working here for a week only; anæmia, shortness of breath; retinal veins very full, and arteries so, too, but in a less degree. She was taken ill as she was leaving the room at the works after my examination. She was afterwards seen by Dr. Twigg, the surgeon to the works, who kindly sent me a line as to her condition: "The girl whom you saw bad at the works the day you were there was taken very ill the same night. I was sent for, and found her very delirious, complaining of great pain in her head (frontal) and shortness of breath, and I believe she had vomited several times before I saw her. The pulse was very quick (about 115), small, and compressible. I saw the retinal veins, which were very full."

M. W., aged 38, working for three weeks; retinal veins full, but less so than in other cases.

All these girls had the peculiar blue asphyxiated appearance; a typical one almost of the effects of the the poison, but rather like that assumed often by those under the anæsthetic influence of ether.

The literature dealing with the injurious effects of nitro- or di-nitrobenzol is a small one. Isolated cases have been recorded. Messrs. Sykes and Twigg* mention the case of a man, aged 33, who came under their treatment on July 3rd, 1889, muddled, breathless, and cyanotic. He had begun to mix on June 28th (Friday), but Saturday and Sunday being holiday, he did not go on again until July 1st. The same evening his wife noticed that he was blue, and he was unwell. They reported that the retinal blood vessels were "unusually

* *British Medical Journal*, 1889, vol. ii., p. 127.

dark and dilated." Mr. H. J. Knight reported in a succeeding number of the *Journal* (vol. ii., p. 244) another case, being that of a man, aged 37. He went to the same works on July 2nd, when he was quite well. For the next two days he was engaged crushing and sieving the ingredients; on the fourth and fifth he was steaming the mixture ("mixing"), and on the evening of the latter date he was taken ill. Dr. J. Stokes, now of Sheffield, also in the *Lancet*, vol. ii., p. 368, 1889, mentions a case of poisoning from working with di-nitro from the same works. The first day at work the patient noticed that his hands and face were blue. The *Lancet*,* moreover, refers to the case of a man who met his death after cleaning out a flue over the mixing room at the Gathurst works. The contents of the flues were said to be nitro-benzol, which is a very soft crystallisable substance. The men had to clean out this dangerous flue by turns, and were paid double wages. These fatal cases could be multiplied; others are reported as occurring at the works situated near Denaby.

The most complete articles dealing with the subject of the injurious effects of di-nitrobenzol are by the late Dr. Ross† and Dr. Prosser White‡ of Wigan. The former, whose observations were on men only who used explosives (roburite) in the mine, would appear to attribute the symptoms met with to a kind of peripheral neuritis. He makes no definite statement as to the effects of the poison on the eye. He mentions the case of a man who, on combing his hair, looked up "at a mirror which was placed above the level of his eyes; and if, when engaged in combing they remained raised for a short time, a film came over them, and he could not see. Upon lowering the eyes the sight at once returned." This has, of course, no connection with nitrobenzol. The man was a collier, and clearly enough on raising his eyes and maintaining them in that way, as Dr. Ross mentions, the oscillations characteristic of miners' nystagmus were occasioned. This would, indeed, be a usual way of demonstrating the nystagmus if suspected of being present in any given case. Dr. White has, however, treated the whole subject in a most com-

* 1889, vol. ii., p. 81.
† *Medical Chronicle*, 1889, p. 89.
‡ *Prov. Med. Journal*, 1892, p. 462. *Practitioner*, 1889, vol. ii., p. 15.

plete manner, more so, indeed, than any other observer that I am acquainted with. As the medical officer to large works manufacturing the species of explosives which have been mentioned as consisting in great measure of nitro or di-nitrobenzol, he has for several years had good opportunities of studying the whole subject.

Of many of the topics dealt with here he has also treated, and at more length than I have attempted. He has also discussed briefly the effects on the eye of the poisonous influence of the benzol. In his former paper he stated the eye symptoms as negative, and added that Mr. Williams "found the fundus normal, with no restriction of the field of vision or colour." In his more recent and much more comprehensive article he again quotes Mr. Williams, and goes somewhat beyond his former statements. Mention is made of four cases, in all of which had been observed sight failure. Details are only given of two of these, and then only briefly. The condition of neither visual field nor of colour perception is given. Dr. White, however, sums up as follows:—

"I think it is evident from these cases that nitrobenzol is capable of producing a peculiar form of retinitis with great defect of sight. In three of the four cases there were well-marked and unmistakable ophthalmoscopic signs consisting in darkness of colour of the fundus, great tortuosity of the veins in one or both eyes, with distinct effusion in two of the cases."

It may be here remarked that the fulness of the vessels was observed in my cases; but, as has been already described, the examination of a goodly number of other workers who, though suffering from the poisonous effects of the nitrobenzol, made no complaint of loss of sight, showed that the vessels were also generally if not always found engorged.

The first, however, to bestow any attention on the visual condition met with in these workers was Nieden, of Bocham.* Twenty-five out of the 30 workpeople were more or less dangerously poisoned. They completely recovered. The symptoms observed were, he thinks, due to vasomotor paralysis in the heart and blood vessels and consequent overfilling of the veins—a theory which

* *Central f. Augenheil*, 1888.

would account for the enlargement of the retinal veins, which in my observations was so generally found. In only one case did he find the eyes affected. He gives the case in the most careful detail. Vision was reduced to $\frac{10}{200}$; there was great concentric contraction of the visual field, but this was not the same for colours, which ran close up to that for white. He found venous hyperæmia of the retina, and effusion (circumscribed) surrounding the principal descending vein. The man slowly recovered, and the ophthalmoscopic changes passed away.

We may now summarise the symptoms observed in the cases which have been here recorded. Taking the eye symptoms first, the characteristics are: failure of sight, often to a considerable degree, in a more or less equal extent on the two sides; concentric contraction of visual field, with, in many cases, a central colour scotoma; enlargement of retinal vessels, especially the veins; some blurring, never extensive, of edges of disc and a varying degree of pallor of its surface—the condition of retinal vessels spoken of being observed in workers with the di-nitrobenzol independently of complaints of defective sight. Cessation of work with the benzol leads to recovery. In Case II vision had continued defective, with contracted field, a considerable time after the exposure to di-nitrobenzol had ceased.

The symptoms mentioned are quite in accord with toxic amblyopia from other causes, whether it be tobacco, iodoform—as testified by the cases recently described by Priestley Smith* and Valude†—or bisulphide of carbon, of which several cases are on record. The general condition of the patients was at first suggestive of this latter poison, and in my earliest case inquiries were made when he was first seen as to the possibility of the bisulphide in any way coming into his work. It at once became clear that the agent at work was a different one.

A word as to tobacco. My men were smokers, but before coming under observation they had reduced the quantity consumed, because, as they alleged, they were unable to smoke as much whilst at work with the benzol. Further than this, it is interesting to observe that in the first case, which was well observed for a long period, not

* *Ophthalmic Review*, 1893, p. 101.
† *Rev. d'Ophtal.*, 1893, p. 231.

only did vision become perfectly restored, but the field of vision became normal and the central scotoma for colour disappeared, whilst the tobacco was persevered in without restriction.

The general effects appeared to be chiefly exerted on the blood and nervous system. In some cases there were gastric symptoms also. With reference to the blood changes, the occurrence of very marked anæmia in girls, who lived practically in the country, and who worked in well ventilated rooms, was particularly striking. The symptoms and physical signs of anæmia in men, working under the same hygienic conditions, were perhaps still more noteworthy. That some other change, however, in the blood was also present is evidenced by the blueness of the lips and finger tips, which was observed in several of the cases. The colour of the urine was also remarkable.

The chief nervous symptoms were numbness of extremities and unsteadiness of gait. The numbness was not very marked, and in every case tactile sensation was normal. The knee-jerks were certainly not diminished in any case which was tested; on the contrary, in two cases it was doubtful if they were not increased. The unsteadiness of gait was noticed especially at the close of a day's work in the factory, and was much aggravated by the slightest indulgence in alcohol. The evidence of peripheral neuritis, referred to by Dr. Ross, was of the slightest description, and the ataxy appears to be due to an interference with the cerebral co-ordinating centres rather than to any affection of the cord or peripheral nerves. The effects of the poison on the sexual system was in some cases quite marked, but in no instance did it appear to occasion any menstrual irregularity, and this notwithstanding the anæmic condition of the females.

The di-nitrobenzol may, it appears, either be absorbed through the skin, ingested, or taken in through the air passages. What the poison then becomes I do not think has been satisfactorily ascertained, but its action on the blood is definite. Specimens drawn from the fingers of two of my patients were found to be thin and black-looking. Dr. MacMunn, of Wolverhampton, very kindly examined some specimens which I forwarded to him, as he did also of urine which, as has

been stated in relating the cases, was dark, almost black like porter. He writes me thus: "Spectroscopically all the specimens of blood sent showed nothing abnormal. Microscopically there was a distinct departure from the normal in the presence of large coloured corpuscles—megalocytes—12 μ in diameter. The ordinary red corpuscles are smaller than normal, about 5 or 6 μ in diameter. The appearances were like those seen in pernicious anæmia. The urine of F. (Case II) was of a brown colour; this colour was not due to blood or bile, or to indican, but to some pigment belonging to the aromatic series—which, I cannot say. It also contained urobilin. I do not expect that we shall get any abnormal spectroscopic appearances from the blood except it should become so altered as to lead to the death of the patient. That is to say if the hæmoglobin was so broken up as to give a new spectrum life would not be possible."

These observations, which Dr. MacMunn so kindly made, are corroborated by those of Huber. In a lengthy paper in *Virchow's Archiv** he details his numerous experiments with *di-nitrobenzene* on both cold and warm-blooded animals. The blood became of a dark chocolate colour, and the red corpuscles largely deprived of their pigment. Spectroscopic investigation showed an absorption band in the red reminding one of the similar band of acid hæmatine and of methæmoglobin but not identical with either. He speaks of this as the di-nitrobenzene band, and considers that the benzene compound acts in a specific manner on the blood pigment. After large doses he found the urine to be brown in colour, and to contain a strongly reducing substance, and sometimes di-nitrobenzene itself was present. These animals referred to in Huber's observations were no doubt brought to the condition to which Dr. MacMunn refers as that in which spectroscopic appearances would be noticed in the blood.

Remarks by Dr. Dyce Brown.

After the perusal of this interesting paper by Mr. Snell, giving such a valuable proving of what we, as homœopaths, may now call a medicine, the indications

* Abstract in *Journal of Chemical Society*, March, 1892, p. 366.

for its use as such will occur to every one. Its action is so marked and uniform, that *di-nitrobenzol* ought henceforth to be added to our armamentarium. And here we may point out how helpless the old school are in utilising such valuable material. Having no law to guide him in suggesting any therapeutic use of his facts, Mr. SNELL contents himself with suggesting measures for the reduction to a minimum of the evil effects produced. But we, with the law of similars to guide us, can at once predicate the cases in which *di-nitrobenzol* will be of service as a medicine. These are: 1. Cases of post-diphtheritic paresis, whether of the eyesight, the brain functions, or of the lower limbs, sensory and motor. 2. In amblyopia, from whatever cause. 3. In functional want of co-ordinating power in the lower limbs, or even in that resulting from organic disease. 4. In functional disorders of sensations in the upper and lower limbs—as numbness, tingling, &c., arising from a depressed state of nerve-vitality. 5. In anæmia—not the usual form associated with amenorrhœa (as the absence of any interference with the menstrual functions is noteworthy), but in anæmia of pernicious type. 6. In depressed vitality with the state of "venosity," when the venous system is apt to get loaded with blood, showing itself by blue lips, livid face, cold blue hands and feet, and a yellowness of the skin, and the conjunctiva. 7. Markedly in "Raynaud's diseased." 8. In loss of sexual power in the male. 8. In shortness of breath, arising from nervous debility. Comparatively slight mention only is made of the heart and pulse, which is unfortunate, except that a pulmonary systolic *bruit* was found, and well-marked hæmic *bruit* in the veins of the neck and thorax. Most probably we should find in such cases weak, but easily excited, action of the heart with palpitation, and with a corresponding pulse. The state of the temperature is not noticed, but most probably it was sub-normal to a marked degree. In all these cases, *di-nitrobenzol* ought to be a very valuable medicine, and we hope our colleagues will at once use it on our great law of similars, and record their results.

REVIEWS.

The London Homœopathic Hospital Reports. Vol. iii. London: London Homœopathic Hospital. 1893.

The third issue of these Reports comprises a series of interesting practical and useful papers by members of the staff of the Hospital, together with contributions from Dr. Cash Reed, of the Devon and Cornwall Homœopathic Hospital, Plymouth, Dr. Hawkes, of the Hahnemann Hospital, Liverpool, and Dr. Blackley, of Manchester. One and all of these papers bear upon them abundant evidence that they are no mere compilations prepared from reading, but the outcome of the observation and thought of the writers. As such they commend themselves to our careful study, a study which those who undertake it will, we can assure them, find at once interesting and useful.

The first paper is by Dr. Blackley, of Manchester, and is descriptive of an ingenious method of studying the *Cyclopædia of Drug Pathogenesy*, so as to render it easy to refer at a glance to all the symptoms relating to any given organ, or region of the body, in the various provings. It is, in short, a means of providing a "schema," with this very great advantage, that each student makes the schema himself; "it compels the physician who adopts the method to carefully analyse and differentiate the symptoms produced by each drug; and it can scarcely happen that, in doing this, he will not retain in his mind some of the more salient points in the provings and will more easily remember them." In fact, Dr. Blackley's method presents us with at one and the same time a mode of study and a plan for ready reference in the future.

A commentary on the pathogenesis of tobacco by Dr. Dyce Brown is the next paper; and this is followed by the notes of four cases of diabetes, by Dr. Dudgeon, in which he had prescribed *syzygium jambolamum* with varying degrees of success. The cases in which it proved to be most useful were such as, in addition to the presence of sugar in the urine, were characterised by the attendant discomforts of diabetes, thirst, pruritus and diuresis. Its influence upon the diabetic pruritus seems to have been very well marked.

A very careful piece of clinical study is found in the fourth paper, that on the *Etiology and Treatment of Incipient Cataract* by Mr. Knox Shaw. The result of his observations is to show that the time-honoured dictum that nothing can be done for those in whom cataract is diagnosed, but to wait patiently for an inevitable blindness, is no longer borne out by facts; but that as the history of cataract proves that the precise factor in

its development is eye strain, due to over-exertion of the accommodation, and as its rate of development is slow, never, in many instances, reaching maturity, much may be done to arrest or delay its progress by careful correction of any error of refraction and by medicinal treatment directed to the accommodative symptoms.

If Mr. Shaw's experience does not admit of his writing of the "cure of cataract," it does enable him to point to means the use of which, in many cases of the incipient stage of the disease, have brought about a condition which, for all practical purposes, amounts to a cure.

The very important question of inflammatory disease of the temporal bone and its secondary manifestations, with the medicinal and operative measures required for their successful treatment, is discussed with much fulness and clearness by Mr. Dudley Wright, and illustrated by eleven well-described cases of mastoiditis, empyema of the mastoid, thrombosis of the lateral sinus, cerebral and cerebellar abscess, and purulent meningitis.

We next have an extremely interesting philosophical essay by Dr. Burford, on the influence of civilisation on the reproductive life in woman. This is a paper demanding the careful study and thought of all who are in any way responsible for the maintenance of health in young, growing girls. It is at once expository and confirmatory of an admirable address on *Sex in Education*, delivered by Sir James Crichton Browne, at the Medical Society of London two years ago (*Lancet*, May 7th, 1892).

Dr. Byres Moir contributes the notes of an interesting case of *Slow Pulse* (*Bradycardia*) *with Epileptiform Convulsions*, which furnishes him with a text for some observations on the relation of slow pulse to epileptiform seizures.

Dr. Washington Epps furnishes a record of the progress of a case of typhoid fever with hyperpyrexia—the temperature reaching to 108 F.—which was treated during the acute stage with cold water packs and cold water baths. It is a very instructive and, at the same time, a very encouraging case.

The volume concludes with *Contributions to the Treatment of Uterine Hæmorrhage*. This is a symposium in which Dr. Carfrae, Dr. Dyce Brown, Dr. Burford, Dr. Cash Reed, and Dr. Hawkes each takes a part. Of much practical value as is each essay in these Reports, we think it probable that the general practitioner will regard this one as the, to him, most frequently helpful of the series. The indications for the selection of medicines in the various forms of uterine hæmorrhage met with in practice, are very clearly set forth, and in most instances are incidentally illustrated by references to cases in

which the writers have used them. These indications, we would remark, have not been merely copied from the details of provings, but are such as having, in the first instance, been derived from provings, have been clinically tested and their efficiency fully demonstrated. In some cases of uterine hæmorrhage, as we all know, surgical methods are alone possible to restrain and cure it. But such cases constitute only a minority, and that a small minority of those which come under our notice, much fewer indeed in number than would be the case had we not the principle of *similia similibus curentur* by which to select our drugs. It is especially satisfactory to have the testimony of an accomplished pathologist and skilful surgeon, such as Dr. Burford is well known to be, to the truth of this fact; and it is particularly so when we remember that the popular notion is that the more skilful the surgeon, the more is he disposed to find an excuse for operating! Here, then, is Dr. Burford's opinion on this point:—

"It is of the highest importance to delimit those cases where accessory measures are requisite, and those in which therapeutics alone can achieve success. There is a well defined class of case, such as polypus, or hydatid mole, where continuous bleeding is at once and permanently arrested by operation. At the other extreme there is an equally well defined type of cases, *e.g.*, climacteric bleeding, hæmorrhages of virgins, and bleeding due to extra-uterine visceral lesions, where remedies have there undisputed sphere. Between these extremes lies a wide area of debatable land, which therapeutics ought to almost entirely annex. Where therapeutics fail, either the cause has been misinterpreted or the therapeutic resources are defective. *It is an axiom in the treatment of uterine bleeding, that in every case, excepting those of the purely surgical type, therapeutics should have a prolonged and careful trial.* Only by such a plan can the therapeutic sphere be extended; only by such a scheme can we do justice to our therapeutic riches." To this we would simply add, what to many may appear an unnecessary truism, that it is only by the constant and careful study of the records of our provings that such a scheme can be carried out.

This third volume of our *Hospital Reports* is, we conclude, not only most creditable to the staff of our Hospital, but one of great practical value to the practitioner.

Eight Years' Experience in the Cure of Consumption by Bacillinum. Illustrated by numerous cases. By J. C. Burnett, M.D. Third edition, revised and enlarged. London: Homœopathic Publishing Company. 1894.

The book before us is a third edition of that which, under the title of *The New Cure of Consumption by its own Virus*, we

noticed in 1892. In it Dr. Burnett reiterates, if possibly more forcibly than before, his confidence in the power of *bacillinum* to cure what he terms "consumptiveness," by which we apprehend that he means tuberculosis, *i.e.*, predisposition to the formation and deposit of tubercle in any organ of the body, whether the lung or the knee-joint, the membranes of the brain or the mesenteric glands. Precisely what this *bacillinum* is, or in what it differs from Koch's *tuberculinum*, Dr. Burnett does not state. The best preparation he says is that obtained by triturating it in spirit, but what the "it" is we are not told. Koch's *tuberculinum* is a known and definite preparation. This, however, Dr. Burnett says that though he has satisfied himself that it is a good anti-tubercular remedy administered internally and in homœopathic dilution, it has seemed to him nothing like so good as *bacillinum* in its therapeutic effects. At the same time he admits that he has had very little experience with Koch's fluid, and therefore limits himself to saying that it has power over tubercular processes.

This remedy, he says, speaking from a somewhat wide experience of which he gives numerous illustrations—indeed the greater portion of the book is occupied with reports of cases which have been under his care—"promptly cures the incipient stages of tubercular consumption in all parts." As to the dose, he writes "low dilutions are inadmissible; for myself I have never gone below the thirtieth centesimal potency, and as I have known even this give rise to grave constitutional disturbances, I now very rarely go below the one hundredth centesimal potency." Of this, "one dose every sixth or tenth day" is his rule. At a given stage of the tubercular process, the *bacillinum* ceases to have any curative power; but the precise point at which it so ceases Dr. Burnett has not been able to determine. It is, he thinks, where the degree of tubercular intensity is very great that it becomes of no avail, where the power of resistance of the organism is feeblest. And hence the advantage of climate, cod liver oil, suet and milk, rum and milk, salts of lime, &c., in augmenting the resistance of the organism is great, and so helpful in enabling the medicine, specific to the tubercular process, to take effect.

The *bacillinum* will, Dr. Burnett is careful to note, only cure the tubercular part of a given case; any other pathological condition with which it may be complicated must be met by its own homœopathic specific. Neither will it avail in those many cases of phthisis that do not come for treatment until late in the history of the disease. "Still," he writes, "bacilliary phthisis taken early, and complicated with nothing else, is curable by *bacillinum*, and this I say after eight years' experience at the bedside and in the consulting room."

The kind of cases in which good may legitimately be expected from *bacillinum* or *tuberculinum* given in doses of a high dilution at long intervals may best be gathered from the three short provings (pp. 4, 202 and 259) and from the cases recorded by the author.

We should be glad to hear what has been the experience of colleagues residing in localities to which tubercular cases are sent to aid in their restoration, in the use of *bacillinum* or *tuberculinum*. The matter is an important one, and ought to be clinically investigated by different observers.

In *The Hahnemannian Monthly News and Advertiser* (April), p. 61, is an interesting report of some experimental investigations on this subject by Dr. Pyle, Lecturer on Bacteriology in the Cleveland University of Medicine and Surgery. These so far tend to confirm Dr. Burnett's contention that phthisis is curable by *tuberculinum* when "no great tissue changes have occurred."

The Clinical Use of Prisms. By ERNEST E. MADDOX, M.D. Second Edition. Revised and enlarged. Bristol: John Wright & Co. 1893. Pp. 170.

In October, 1889, we reviewed this book and were then impressed with its lucidity and usefulness. To the second edition a considerable amount of new material has been added and the book is thereby increased in size. The subject is eminently technical, but Dr. Maddox successfully endeavours to present his views clearly and explicitly.

The first ten chapters are concerned chiefly with the theoretic aspect of the subject. Chapter XI., on "the study of convergence," is the one to which Dr. Maddox has devoted most attention in the new edition, his later investigations leading him to the conclusion that latent deviation, or the "so-called muscular asthenopia of V. Graefe," is not so much a perversion of the muscular element as a "central asthenopia," though there may sometimes be a muscular element as well. The practical bearing of this theory is shown when Dr. Maddox comes to discuss the "effects of training," for he holds that the "invigorant plan" of treating latent deviations, that is to say the method of training the weaker muscle by the use of prisms, does not, if his belief be correct, invigorate the muscles, but simply trains the efforts of accommodation and convergence to assume broader relations to each other in their work. "If these exercises strengthen anything, it is the visual reflex, the amplitude of which they increase, and by so doing increase the relative range of convergence." Under these circumstances he favours the treatment of asthenopia, due to latent deviation, by prisms worn

permanently to relieve about half the excess of the deviation. By this treatment one must abandon the hope of restoring the muscular equilibrium to the normal, and condemn the eyes to use a sort of permanent splint. This teaching is opposed to the practice of many ophthalmologists, especially on the American continent, where orthoptic training of the ocular muscles is employed with apparently very good results. As in Dr. Maddox's words "this is a very important subject and needs working out more thoroughly," it is to be hoped that on theoretic grounds, which further investigation may after all show not to be quite correct, a very useful mode of relieving muscular asthenopia will not be neglected. The book is a careful exposition of the principles underlying a very important part of the study of refraction.

The Patent Spring Spinal Support.

Mr. Gümpel, the orthopædist, of Newman Street, W., has introduced "a new form of apparatus in special relation to the necessity and the nature of mechanical support for the spine." The inventor claims for the apparatus that it allows perfect freedom to the spinal column, to bend or twist, whilst affording support to the spine in every position. It is not for us to discuss here the treatment of lateral curvature of the spine by mechanical supports or orthoptic exercises. Nevertheless, we consider the cases in which supports as this are needed to be comparatively few. Should, however, such occasion arise, the support has certain distinct advantages over some of its competitors in public favour.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS, 1894.

The following circular has been issued to our colleagues by the Honorary Secretary:—

"29, Seymour Street,
"Portman Square, W.
"May, 1894.

"Dear Sir,—The Annual Congress of Homœopathic Practitioners will be held this year in London, at the Lecture Room of the Royal College of Organists, Hart Street, Bloomsbury, W.C., on Thursday, the 28th of June, at 10 o'clock punctually.

"The Presidential Address will be delivered by Dr. J. Galley Blackley, of London, at 10 o'clock.

"Any strangers, ladies and gentlemen, who may desire to hear the President's Address, will be welcome.

"After this a short interval will allow the Hon. Treasurer, Dr. Madden, who is also Vice-President of the Congress, to receive subscriptions.

"A paper will then be read by Dr. Stammers Morrisson, of London, on *The Dual Action of Drugs in relation to the Dose Question.* Discussion is invited on this and the other papers.

"Should there be time before luncheon, one of the other papers will be then read.

"The Congress will adjourn to the Holborn Restaurant for luncheon at 1 o'clock. The members will then be the guests of the British Homœopathic Society.

"At 2 o'clock punctually the Congress will re-assemble, and receive the report of the Hahnemann Publishing Society, proceed to select the place of meeting for the next year, elect officers, and transact any other business which may be necessary.

"A paper will then be read by Dr. Percy Wilde, of Bath, on *Painful Affections of Nerves.*

"The third paper will be read by Mr. Gerard Smith, of London, on *Homœopathy in Bone and Joint Diseases.*

"The members of the Congress, with their friends—ladies as well as gentlemen—will dine together at the Holborn Restaurant, at 7 o'clock.

"A meeting of the Hahemann Publishing Society will be held in the lecture room, Royal College of Organists, at 9 a.m., on the morning of the 28th.

"The subscription to the Congress is 10s. 6d., which includes the dinner ticket. The dinner ticket alone, *for guests*, will be 7s. 6d.

"Those of our colleagues who live in London and the suburbs will be happy to receive as guests their brethren from the provinces. Any gentlemen, therefore, who are not specially invited by their London friends, and who wish to avail themselves of this hospitality, should communicate with the Hon. Sec., who will make the arrangements.

"If you know of any colleague who has not received a circular, kindly let me know.

"The enclosed post card is to be filled up and posted as soon as possible, but not later (if possible) than the 15th of June.

"I am, Dear Sir,

"Yours faithfully,

"D. Dyce Brown,

"*Hon Sec.*

"Synopsis of Papers.

"Dr. Morrisson's Paper.

"Hahnemann's Exposition of the Primary and Secondary Effects of Drugs.—An American opinion on their dual action.—Some remarks on the Theoretical aspects of the question.—Drug provings, and the development of Curative Powers.—External applications; their use and abuse.—Individual Experience and special Susceptibilities.—The question of dose and the methods of administration.—The advantages of Homœopathic Medication in Surgical Cases.

"Dr. Percy Wilde's Paper.

"Supra-Orbital Neuralgia; Sciatica; Brachio-Cephalic Neuralgia; Lumbo-Sacral Neuralgia; Neuralgia of Kidneys and Ovaries.—The cause of pain.—The Homœopathic Remedy not always Medicinal.—General Principles governing the application of non-medicinal Homœopathic Remedies.

"The object of the Paper is to combat the view that the Principle of Homœopathy finds its limits in the application of *medicinal* stimuli, and that all other forms of stimuli are 'extra therapeutic.'

"Mr. Gerard Smith's Paper.

"Conservative Surgery encouraged by Homœopathy.—Final Recoveries More Perfect under Homœopathic Treatment.—Homœopathic Treatment selected according to cause and seat of disease.—The *Cause* (*a*) traumatism, and (*b*) constitutional; the *Seat* (*a*) primarily in bone, (*b*) in synovial structures.

"Place in treatment of vulneraries, constitutional remedies, and synovial medicines."

BRITISH HOMŒOPATHIC SOCIETY.

The seventh meeting of the session was held on Thursday, April 5th, at the College of Organists. Dr. Madden, Vice-President, in the chair.

Dr. Burford showed a large and extensive adherent ovarian cyst removed by abdominal section.

Dr. A. R. Croucher, of St. Leonards, then read a paper entitled "Angina Pectoris, its Etiology, Symptoms and Treatment."

Dr. Croucher introduced the subject as one of interest, from the disease having no accurate pathology, no localised lesion, and that its symptoms even admitted of dispute. He accepted Quain's definition as being the most concise. He thought that there might be an inherited predisposition to the disease, and that it was more common in men. The author referred in detail to the usual exciting

causes, mentioning Trousseau's theory that epilepsy and angina were identical. The pathological problems raised by this disease were then most fully and carefully gone into, and Dr. Croucher summed up the knowledge of the subject by saying that the symptoms of angina pectoris compose a neurosis of the heart, which may result from uncomplicated nervous affection, or which may arise from complication with organic disease of the heart or its closely connected blood-vessels, the *post-mortem* appearances being of too contradictory a character to serve as a guide. The symptoms having been described, treatment was next touched upon. This was divided into two classes, palliative and preventive. Among the first, Dr. Croucher placed *amyl nitrite*, *glonoin* and *actea*. He advocated careful treatment between the paroxysms, and in addition to careful dietetic and hygienic methods mentioned *arsenic*, *digitalis*, *cuprum*, *crotalus*, *lachesis*, *cactus* and *convallaria* as having proved useful in his hands. He emphasised Huchard's treatment of giving *iodide of potassium* and *nitro-glycerin* for alternate periods for some years, and quoted a case he treated in 1889 by this method with a successful result.

A discussion then followed, in which Drs. Dudgeon, Blake, Hughes, Moir, Gerard Smith, Day, Goldsbrough, Wolston, Blackley and Madden took part, and to which Dr. Croucher replied.

In the absence of Dr. Morrisson from illness, the Secretary read his (Dr. Morrisson's) communication on "Three of the Alkaloids—Aconitine, Digitaline and Hyoscyamine, with some remarks on Piperazine." He advocated the use of these alkaloids on the score of convenience of administration and accuracy of dose, and gave a few cases illustrative of their action. He also drew attention to the value of *Piperazine* as a remedy for renal and urinary calculi, and quoted a case to support this theory.

The eighth meeting of the session was held at the College of Organists, Bloomsbury, on Thursday evening, May 3rd, 1894, Dr. Madden presiding.

Theophilus George Husband Nicholson, M.R.C.S. Eng., 27, Catherine Street, Liverpool, having been duly nominated, was elected a member of the Society by ballot.

It was unanimously resolved that the Society invite the members of the British Homœopathic Congress, meeting this year in London, to luncheon at the Holborn Restaurant.

Dr. Wolston, of Edinburgh, read a paper on "Gall Stones and their Vagaries."

The paper was the outcome of the practical experience of the author during the past thirty years, during which he had come to the conclusion that gall stones were the "*fons et origo mali*" of a number of maladies treated under other names. He drew attention to the fact that choleithiasis often exists without either pain or jaundice and alluded to the variation in number, dimensions and shape that are observed in gall stones, and commented on the little relation that exists between the number and size of the stones and the symptoms exhibited by the patient. Next followed a well and graphically described case of a lady who was brought to death's door almost, and the nature of whose malady for long baffled most competent men, but which subsequently proved to be due to small gall stones. Study of this case caused Dr. Wolston to lay great stress on the occurrence of rigors without rise of temperature. A second case was described where the symptoms simulated malignant disease.

Attention was drawn to the existence of gall sand. The relation of dilated stomach to the long pre-existence of undetected gall stones was emphasised by a third case. Early morning diarrhœa, Dr. Wolston thought, was often due to occlusion of the cystic duct; he explained its occurrence by the fact that if the ductus cysticus be occluded the bile as formed must descend by the ductus communis choledochus to the duodenum and so excite a lax action of the bowels; the bile having a practically empty duodenum to act upon. The fourth case was advanced to support this theory. Case five illustrated how large a stone might be passed without exciting grave symptoms. With regard to treatment he did not regard that homœopathy *per se* could boast of many triumphs in this class of case. For the colic, he advocated local warmth, hot baths, and sometimes chloroform administration. He strongly advised the use of the baths and waters of Ems for the general condition. The paper excited an interesting discussion, which was taken part in by Drs. Dyce Brown, Blackley, Wright, Hughes, Moir, Clifton, Roberts, Madden, Day and Burford.

A paper on three cases of tabes dorsalis, by Dr. Roberson Day, was postponed to the next meeting.

THE LONDON HOMŒOPATHIC HOSPITAL.

All those interested in hospital reform will be pleased to learn that the London Homœopathic Hospital has now members of its medical and surgical staff upon its Board of Management. The question of representation of the staff upon its managing committee has again and again vexed

many hospitals. For a long time past it has been felt that our hospital should rank itself among those which are in the forefront of administrative reform. Having a few weeks since acknowledged the principle of the admission of medical members to its deliberations, the Board of Management of the London Homœopathic Hospital have promptly proceeded to elect (upon the nomination of the medical and surgical staff) Dr. Byres Moir and Mr. Knox Shaw members of the Board. We feel confident that this step will materially strengthen the hospital administration at an important period in its history, when support is needed from both lay and medical homœopaths to place the new hospital upon a sure and lasting foundation.

TORQUAY HOMŒOPATHIC DISPENSARY.

At the forty-sixth annual meeting of the Committee of the Torquay Homœopathic Dispensary, W. B. Fortescue, Esq., J.P., in the chair, they expressed their deep regret at the loss which the Dispensary had sustained by the decease of the late Dr. Charles H. Mackintosh, who founded the Institution 46 years ago, and who by his great skill, kindness, pecuniary aid, and attention, had been the means of curing and alleviating the sufferings of many thousands of poor people who were under his skilful and successful treatment during the many years that he attended this Dispensary.

The medical report for 1893 was as follows :—

Patients remaining from 1892		135
Admitted during 1893		801
		936
Cured	368	
Relieved	287	
No change	32	
No report	127	
Deaths	5	
On books	117	
		936
Number of attendances during the year ...		5,616
Average per dispensary day		54

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

This year is the Jubilee Year of the Institute. It meets at Denver, Colorado, on June 14th.

THE FOLKESTONE HOMŒOPATHIC DISPENSARY.

The Fourth Annual Report of this Institution shows a very satisfactory growth in usefulness. During 1893, the following table gives the amount of work done :—

No. of Patients, 496	{	410 attending Dispensary.
	{	86 visited at home.
Consultations	... ...	2,222
Home Visits	... ...	398

The honorary Medical Officer is Dr. Murray.

MEDICAL EDUCATION IN THE UNITED STATES.

The address delivered by Dr. John B. Roberts at the Pan-American Congress, where Mr. Ernest Hart displayed himself so much to his own satisfaction and the amusement of other people, an address on some prevalent defects in the teaching of anatomy, he spoke as follows upon raising the standard of medical education :—

"It is a notorious fact," said Dr. Roberts, "that few of our students have any knowledge of biology when they begin the study of human anatomy. I know of but three schools in the United States (John Hopkins' University, University of Michigan, and Hahnemann Medical College, Philadelphia) where a preliminary examination in elementary biology is required. Although an entrance examination in physics is required by many schools, there are others which admit without any such requirement. . . . . It is a little embarrassing to know that the students entering homœopathic colleges are required by the American Institute of Homœopathy to possess a broader general education than is demanded of our students by the American Medical Association, the Association of American Medical Colleges, or our best medical schools. The preliminary educational requirements of the Hahnemann Medical College, Philadelphia, include botany, chemistry, biology, physics and Latin. Certainly not more than one or two of our schools include all these topics in the entrance examination."

This address appears in the *New York Medical Journal*, and is quoted, with more to the same purpose, by the *New England Medical Gazette* for April :—

Dr. Talbot, of Boston, writes: "You will be glad to know that the New York and Philadelphia Colleges, which only a few years ago felt that it would be utterly impossible for them to demand a *three* years' course, have now united with us in making a *four* years' course compulsory on all our students, and I look forward to the not distant future when such a plan will be universal through our country, and even a five years' course the rule in our best colleges."

ON THE USE OF SUBLIMED SULPHUR AS A LOCAL APPLICATION IN DIPHTHERIA.

By Christian G. H. Bäumler, M.D., F.R.C.P., London.,
Professor of Clinical Medicine in the University of Freiburg i. B.

In No. 1714 of the *British Medical Journal* for November 4th, 1893, p. 992, Mr. Robert Fair Frazer recalls the attention of the profession to the local use of sulphur in the treatment of diphtheria. Since first recommended in 1866 by Lagauterie, this remedy has repeatedly found supporters in various countries, but has never come into more general use. This may be due to the manner in which, and the circumstances under which, it has occasionally been used, partly perhaps also to the unfavourable opinion pronounced upon it by such men as Jacobi of New York and Oertel of Munich, than whom, it is true, few physicians can claim a more extensive experience with diphtheria. Nevertheless, having for years had the opportunity of closely watching a great number of cases of diphtheria in my own hospital practice, I could not help being impressed by the effects of the application of powdered sulphur to the affected parts. These effects were infinitely better than those of any of the multifarious local applications which I had tried before, and having almost exclusively used it now for more than seven years, I do not hesitate to come forward in support of the renewed recommendation of this remedy by Mr. Frazer, and to plead for its more extensive use.

I was first induced to try it by the recommendation given to this local treatment by Professor von Liebermeister, in his lectures on *Special Pathology and Therapeutics* (Leipzic, 1885, vol. 1, p. 282), where he says:—"As a local application, I generally use powdering with crude sublimed sulphur, by abundantly applying with a thick, soft camel-hair brush the dry powder to the diseased mucous membrane. This powdering of the pharynx with sulphur is, according to circumstances, repeated every hour or every two hours, or only three or four times a day." On the strength of several years' experience I entirely concur with Professor Liebermeister's further remarks:—"I have the impression that by this treatment, when commenced early, I attain more than by any other which I had tried before, and that with these applications the cases, on an average, take a considerably more favourable course than without it." I have repeatedly seen cases, in which gangrene of the uvula and part of the soft palate seemed unavoidable, take a favourable turn in a

few days, the membranes becoming detached and the swelling going down, leaving much less loss of substance behind than was to be feared when first seeing the case. With less extensive disease we could frequently notice the first effects of the application to consist in a somewhat increased injection (not conjection) of the mucous membrane on the borders of the exudation, the latter becoming more sharply defined at its edges after a few applications, and then beginning to get loose and be detached.

In the majority of fresh case of diphtheritic sore throat, as well as of lacunar tonsillitis, two or three applications a day seemed sufficient, the patients in the meantime, when able, gargling with a weak solution of permanganate of potash, and being subjected to such general treatment as the case required (cool baths or the wet sheet, or occasionally a dose of antipyrin when there was high pyrexia, and great care as to feeding by mouth, or, if necessary, by the rectum).

How the sulphur acts in these cases I am unable to say, and I may mention that there seems to be no particular difference in the action of sublimed or precipitated sulphur. Nor am I aware that, as yet, any experiments have been made with regard to the action of sulphur on the particular bacteria which cause diphtheritic and other kinds of sore throats (Loeffler's bacilli and streptococcus chiefly). But while anxious for the scientific explanation of the facts so frequently observed, we need not delay making the experience gained more generally useful.

The action of this remedy being merely a local one, its principal field of usefulness will be diphtheria of the fauces, where it can be applied directly and abundantly. The larynx, also, and in certain cases the upper part of the trachea, may be reached by using a curved insufflator for blowing in the powder. But no effect can, of course, be expected when the disease extends into the bronchial tubes, or when the general blood poisoning has gone beyond a certain degree, nor even locally, where extensive sloughing has already taken place in the throat, and when, in consequence thereof, rectal feeding is the only, and then mostly insufficient, means to prevent exhaustion.

I am unable to say whether remedies which have more recently been recommended, such as pyoktanin or the peroxide of hydrogen, which has found such warm supporters in America, give even better results than the sulphur, as, especially in severe cases, I did not feel justified in foregoing the benefits of a remedy of whose efficacy I have had ample personal experience.—*British Medical Journal*, March 3rd.

PRESENTATION TO DR. GUINNESS, OF OXFORD.

We have much pleasure in extracting the following from the *Oxford Chronicle*:—

"The retirement of Dr. Guinness, after about twenty-one years of practice in Oxford, was made the occasion by his many friends for presenting to him on Wednesday an artistically executed address on vellum, and a purse of money with a cheque for Mrs. Guinness. He carries with him in his retirement the respect and good wishes of a large circle of friends."

Dr. Guinness' health we are glad to hear, is much better since his retirement from practice, and his change of abode to Cheltenham.

CORRESPONDENCE.

"*To the Editors of the "Monthly Homœopathic Review."*

27th April, 1894.

GENTLEMEN,—Enclosed you will find copies of letters which have passed between me and the Homœopathic Publishing Company.

I should be glad if you could find room in your next issue for them.

Thanking you in anticipation,

I remain,

Yours faithfully,

ROBERT STOPFORD.

"April 24th, 1894.

"To the Homœopathic Publishing Company.

"Gentlemen,—I received this morning a postcard reminding me that I had not sent in a circular which you had previously forwarded to me.

"The reason this circular had not been filled up and returned to you is this 'I understand that several (may be only one or two) unregistered names will be inserted,' such

being the case, and until I receive a reply negativing this, I absolutely refuse to have my name in your *Directory*.

"I may say I am and shall be in favour of a directory, but it must be on lines strictly consistent with medical ethics and the law of our land.

"I remain,

"Faithfully yours,

"(Signed) ROBERT STOPFORD."

"Dear Sir,—Replying to your favour of the 24th inst., we would say all homœopaths resident in Great Britain, all foreign degrees which would qualify them to practice in the countries where they were obtained, will be admissable to the *Directory*. This was done with the *Directory* edited by Dr. A. C. Pope, and published by Hy. Turner & Co.

"As it is not issued under the authority of the General Medical Council it is not responsible to that body.

"Yours truly,

"(Signed) HOMŒOPATHIC PUBLISHING CO.,

"Per W. S."

"27th April, 1894.

"The Homœopathic Publishing Company.

"Gentlemen,—I thank you for your note received this morning, and must still refuse to have my name connected with your edition.

"Have we made no progress as regards realising a higher standard for homœopathy than so many years ago when the *Directory* you refer to was published?

"What was right and legitimate in those days is, to my mind, the reverse at this time; are you to be guided by what people did in bygone days, and because it was done then it evidently must be done now?

"I propose sending this correspondence to the *World* and *Review*, as I have so strongly pressed a *Directory*, that I feel I must give a full answer for not supporting yours.

"Believe me,

"Faithfully yours,

"(Signed) ROBERT STOPFORD."

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Mondays, 2; Tuesdays, 2.30.

The report of the Calcutta Homœopathic Medical School which Dr. BOSE sent us has not been received.

ERRATA.—On p. 308, on the third line of Dr. HAWKES' speech, for "or Mr. D. CAPPER" *read* "nor Dr. E. CAPPER."

We regret that we are obliged for want of space to postpone Dr. HUGHES' communication till our next issue.

Communications have been received from Dr. WASHINGTON EPPS, Mr. KNOX SHAW, Dr. HERRING (London); Dr. THEODORE GREEN (Birkenhead); Dr. CLIFTON (Northampton); Dr. MACLACHLAN (Oxford); Dr. GUINNESS (Cheltenham); Dr. STOPFORD (Southport); Dr. TALBOT (Boston, U.S.A.); Dr. VAN BAUN (Philadelphia); Dr. LAMB (Dunedin, N.Z.); Dr. BOSE (Calcutta).

BOOKS RECEIVED.

The Truth about Homœopathy. By Dr. W. H. Holcombe; a posthumous manuscript; also a sketch of the life of Dr. Holcombe. Philadelphia: Boericke & Tafel. 1894.—*The Founder of the Homœopathic Treatment of Disease.* By E. Legouvé. *The Homœopathic World.* London. May.—*The Clinical Journal.* London. May.—*Medical Reprints.* London. May.—*The Hospital.* London. April.—*The Chemist and Druggist.* London. May.—*The Philanthropist.* London. May.—*The Monthly Magazine of Pharmacy.* London. May.—*The North American Journal of Homœopathy.* New York. May.—*The New York Medical Times.* May.—*The New England Medical Gazette.* Boston. May.—*The Hahnemannian Monthly.* Philadelphia. May.—*The Homœopathic Recorder.* Philadelphia. April.—*The Minneapolis Homœopathic Magazine.* May.—*The Chironian.* New York. April.—*The New York Medical Record.* April and May.—*The Medical Advance.* Chicago. April.—*The Homœopathic Physician.* Philadelphia. May.—*The Pacific Coast Journal of Homœopathy.* San Francisco. April and May.—*The Homœopathic Envoy.* Lancaster, U.S.A. May.—*The Southern Journal of Homœopathy.* Baltimore.—April.—*The Homœopathic Journal of Obstetrics.* New York. March.—*Revue Homœopathique Belge.* Brussels. April.—*Journal Belge d'Homœopathie.* Brussels. May.—*Bulletin Générale de Thérapeutique.* Paris. May.—*Revue Homœopathique Française.* Paris. April.—*Archiv. für Homöopathie.* Dresden. April.—*Leipsiger Populare Zeitschrift.* May.—*Homœopathische Maandblad.* The Hague. May.—*La Homeopathica.* Ciudad.—*Rivista Omeopatica.* Rome. March and April.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

——:o:——

"ADVANCE AUSTRALIA!"

SUCH is the noble motto of the great continent, comprising five different self-governing colonies of the British Empire. In almost everything we find that our fellow-subjects in Australia act in accordance with their motto. Progress is visible everywhere, and although there has been of late a serious crisis throughout the country, and great business depression has prevailed, we feel sure this is only a passing storm, and that all the colonies in Australia will soon again "advance." We look for this progress, as a matter of course, also in the liberal professions, and in medicine, among others. And we see it. Homœopathy is flourishing in the great centres, hospitals are in full working order, and the Universities of Sydney and Melbourne are fast becoming equal in teaching to those of the United Kingdom. But no rule is without its exception, and the exception only serves to make the rule more marked. Such an exception we find in the Presidential Address delivered at the Sydney and New South Wales Branch of the British Medical Association, on March 2nd. The subject of the address is "The Ethics and Prospects of the Profession in New South Wales," and the orator is RALPH WORRALL, M.D., M.Ch. This was published

in the *British Medical Journal* of May 18th. The fact of its being published there will give our readers a clue to the kind of views expressed in it, as we all now know what sort of an address Mr. ERNEST HART, the redoubtable champion of medical ethics of the British Medical Association type, would admit into his Journal. His peregrinations through the United States last year, with his paternal lectures and advice to the Americans as to how to conduct themselves and how to treat homœopaths, will be fresh in the memory of our readers, and also the rather warm reception accorded him by the profession and the press for his remarkable tactics. But we confess we hardly expected to find such ideas and views echoed all the way from Sydney. It may seem hardly worth our while to notice this address, but containing as it does such an unique pronouncement from a liberal and progressive colony, we draw attention to it as showing how, even amid such surroundings, one may find the most antiquated and retrogressive views advocated at a medical society. One would have thought that Dr. WORRALL must have lived in an uninhabited island to show such ignorance of the feeling regarding homœopathy and homœopaths which has developed during the last twenty years, and of the treatment accorded to them by their brethren of the old school. For it is this point that we specially wish to notice in Dr. WORRALL'S address. Just consider this passage!

"The question which I believe is next in importance, and which has already wrecked a society which promised to do much for the profession, is that of consultation with homœopaths. Mr. ERNEST HART has dealt with this subject in such a manner as to convince anyone, not blinded by prejudice or self-interest, that to meet those who profess to be guided by the principles commonly supposed to be associated with the term homœopathy is unworthy of members of an honourable profession. To quote from an able editorial on 'Medical Ethics and the Lay Press,' in the *Australasian Medical Gazette* of January 15th:—' . . . . We meet him (homœopath) not, as he is deceiving the public and practising what he knows to be false.' That is the case exactly. It is useless disguising facts. If we consult with homœopaths we connive at fraud.

"Regular practitioners do not dub themselves allopaths, or assume any other catchword implying that they possess a superior system of cure in order thereby to attract patients.

They are guided in the treatment of disease not by 'a rule of thumb,' but by the results of accumulated experience and scientific research. Apart, therefore, from ethical considerations there is no common ground upon which they can meet a homœopath with any advantage to the patient."

In old days the charge of fraud against a homœopathic practitioner was so common, that we were accustomed to it, and it ceased to disquiet our souls; but so far back as 1869, *The Practitioner* protested against "the vulgar custom of assuming that a homœopathist must needs be either a weak-minded or unprincipled person," while since 1875 British medical periodicals generally have quite abandoned this tone, admit that we are honourable, conscientious and honest, and object to us only, or at least openly and in print, as *sectarian*, and as adopting a name which distinguishes us from our old-school colleagues. This objection is so paltry, to say nothing of its being incorrect, that we can afford to smile and wait the evolution of affairs, especially as our treatment is now being adopted right and left, unacknowledged as to its source. We have so often pointed out that it is not we who are sectarian, but the old-school, that we have no intention of going again, in this article, into the question. But nowadays, in the Year of Grace 1894, we find Dr. Worrall harking back on these antiquated and foul charges. "Deceiving the public and practising what he knows to be false." "If we consult with homœopaths we connive at fraud." This is too gross for the present day. Dr. Worrall can perhaps reckon on the support of Mr. Ernest Hart for such sentiments, but we doubt if he could not count on his fingers any others of our profession who would submit to hear such foul charges. Let us remind Dr. Worrall of a little bit of history. In 1875, the Midland Medical Institute was started at Birmingham, and a determined effort was made, headed by Mr. Oliver Pemberton, to exclude homœopaths. He at first took the "high falutin," moral position, and wrote thus to the *Lancet*:—"I accuse the promoters of the Institute of endeavouring to thrust into association with the *medical profession* (!) individuals whose candour in obtaining their degrees, whilst it endangers their claims to social, absolutely destroys the possibility of their admission to any professional intercourse." The scheme failed, and the homœopaths gained the day.

The *Birmingham Daily Mail* said, "Perhaps the most cutting argument against Mr. PEMBERTON's intolerance is that he stands almost alone."

The *Lancet* backed him up with a reiteration of all that abuse with which it was in the habit of bedaubing the new system of medicine. Thus (p. 289) it says, editorially: "We have again and again expressed our strong conviction that those who profess homœopathy have, *ipso facto*, forfeited their claims to be regarded as practitioners of legitimate medicine." Again (p. 349), "our opinion of homœopathy has not changed, and we distinctly maintain that it is morally impossible (*sic*) for the practitioners of rational medicine to hold any professional relations with professed homœopaths. The question in the present case is not a social one, as some have attempted to make it; it is not even a question of medical science, but purely a matter of professional ethics. The social position, the acknowledged integrity and uprightness of the gentlemen whose admission as members to the Institute has caused the present discussion, must not allow us to lose sight of the real question at issue. *Our position is that homœopathy is a system which has no scientific basis; that the theory of infinitesimal doses is an insult to common sense; and that the doctrine of similia similibus curantur has no foundation in fact.*" (The italics are ours.) Here, then, although the editor states that it is not a question of medical science, he clearly makes it one, the question of professional ethics being made to turn on the "question of medical science." Once more (p. 377) the editor proceeds: "Two years ago, in an address to students, we characterised homœopathy as a system founded in deceit, built up in ignorance, and supported by credulity. . . . . The opinion we expressed at that time remains unaltered, and in justifying the allegations we then made, we hope to show that homœopathy is a system that is not entitled to toleration, much less to confidence and respect." In the same article, a little further on, he speaks of the great HAHNEMANN as "this impudent charlatan." With such strongly, nay, violently expressed views that homœopathy is an utterly scientifically-abominable heresy, what was our amazement and amusement to find in the *very next* number of the *Lancet* a copy of a circular which Mr. PEMBERTON had issued to 1,400 practitioners residing within 50 miles of Birmingham. We presume that Mr. PEMBERTON and the *Lancet* deemed that, after the tone of the Birmingham Press and the bold front assumed by the leading Birmingham doctors, their tactics to be successful must be altered. This was the circular sent out:—"Having considered the objects

contemplated in the foundation of the Birmingham Medical Institution, I, the undersigned, am of opinion that all those practising as professed homœopaths, however legally qualified, should not be elected members so long as they assume a mode of *practice* and maintain a *name* calculated to mark them from the general body of the profession." The editor of the *Lancet* evidently considered this a "happy thought" of Mr. PEMBERTON'S, and an excellent way of backing out of what had become an untenable position, for he adds as a comment: "Mr. PEMBERTON has, in the wording of this declaration, exactly hit the mark. The whole dispute turns upon the assumption by the homœopaths of a name that is 'calculated to mark them from the general body of the profession.'"

Our readers will here observe that the *Lancet* takes advantage of Mr. PEMBERTON'S "happy thought," and ignores his objection to the practice, making the whole issue to turn upon the *name*; and once more (p. 485), in another editorial, the *Lancet* says: "His (Mr. PEMBERTON'S) demand was reasonable, and should have been granted without hesitation. All that he asked was that medical practitioners should not be admitted members of the Institute so long as they assume a mode of practice and maintain a name calculated to mark them from the general body of the profession;" but the editor adds, again ignoring the question of practice, "If homœopaths generally would come forward and publicly renounce the name of homœopath, matters would be very different." The editor repeats (p. 416), "The question is, as we have already stated, one of professional ethics." But this time the ground of the ethical difficulty was no longer the deceit, the ignorance, the credulity, the charlatanry, the insult to common sense, the absence of foundation in fact of the law of similars. Oh, no! this was all quietly set aside; the lofty position of quasi-scientific arrogance was dropped, and for the first time in the history of homœopathy, we were told that it is all a question of the name, which, we are informed, is "calculated," forsooth, to mark us from the general body of the profession. We were told that our sole offence is one of ethics, and that the only objection to us is that we are sectarian, and that if we drop the name, "matters would be different." This was an astounding change of front in one week's time. The abuse and insult of years was calmly set aside in a week's time, and the infinitely petty objection of the name was what made professional intercourse with us "morally impossible," to use the *Lancet's* phrase. What is more, the old school at large agree with the *Lancet* in thinking Mr. PEMBERTON'S idea a "happy thought," and an excellent way of getting

out of a position they were no longer able to maintain. For ever since this eventful year of 1875, the old abuse has been almost entirely dropped, except when such writers as our friends "R. B. C." and "J. C. B.," of the *Times* celebrity, can no longer restrain their feelings. Since the days of the works of RINGER, PHILLIPS, BARTHOLOW and LAUDER BRUNTON, and since the commencement of the constantly increasing adoption of remedies which, till lately, were unknown except in homœopathic books and practice—these remedies being given in accordance with their homœopathic indications, and in minute doses—the old-school, wishing to avoid eating the leek as far as possible, seemed only too glad to avail themselves of this paltry sectarian cry, and we are assured on all sides that we have only to drop the name, practise as we like, and all will be well. We are, on these terms, to be patronised, and received back, forsooth, into the common fold! Students nowadays, who are known to have heretical leanings, are not sent to Coventry, they are, on the contrary, told to do as they like, but not on any account to allow themselves to be called homœopaths. And Dr. LAUDER BRUNTON is good enough to offer a salve to the conscience of all such, by saying that, "because a drug cures in small doses symptoms similar to those it produces in large doses, that does not constitute it a homœopathic remedy." In our innocence, we were under the impression that it did, but Dr. BRUNTON is careful not to say what does constitute a drug a homœopathic remedy.

We commend this little bit of medical history to our redoubtable champion of latter-day ethics, and trust its digestion will proceed satisfactorily. We fancy he will with gusto sing the stave of the medical student's comic song,

> "I'm one of the olden time,
> No doctrines new I know;
> The treatment's changed from what it was
> Some forty years ago."

THE LONDON HOMŒOPATHIC HOSPITAL.

THE needs and claims of this hospital are once more being brought to the front, and we gladly give a portion of our space to place before our readers an idea of the general position of its affairs and progress.

Quite recently, as perhaps most are aware, an appeal is being made to the public for an additional £17,000, and for an increase of £1,000 in annual subscriptions. Our veteran colleagues, Mr. Cameron and Mr. Yeldham, have lent the cause the weight of their influence by drawing

up a circular giving the leading facts connected with the history of the hospital. It is unnecessary to recapitulate these facts here, as they are (or should be) well known. Suffice it to state that since 1880 the scope of the hospital has extended—a certain number of chronic cases being now admitted (into the "Durning" endowed beds), and surgery in all its departments having become adequately represented. The ultimate object of the authorities is to erect a hospital of over 120 beds, that they may apply for recognition as a teaching hospital. At present there is no thought of (or even necessity for) a complete medical school. In the event, however, of students in their fifth year wishing to look into the subject of homœotherapeutics, it is desirable that the hospital should acquire an acknowledged status. Through the energy of the medical staff, even at present with a cramped and temporary hospital, increased teaching work is being carried on. Clinical assistantships, both for in- and out-patient work, have been instituted, and both in general medicine and in the special departments these posts are being steadily filled. The material for work will be practically unlimited—that is to say, any diligent student will be able to find more profitable work than he is able to do, whether in medicine and surgery, or in therapeutics.

With respect to the new hospital so urgently needed, both for the additional space it will give and the modern facilities it will afford, the contractors are under promise that it shall be completed by the end of next May. Good progress is being made with the walls. The basement, to include out-patient rooms, and the ground floor, consisting of administrative department and one ward, are fully outlined, and the first floor is in progress. The building committee had the pleasure of conducting over this portion of the work a number of the members of the recent Congress.

It is the earnest desire of the board of management to open the new hospital free of debt. In this we heartily sympathise with them. We are quite sure that if all those who are directly and indirectly interested in homœopathy and in the London Homœopathic Hospital, will take a little trouble this can be accomplished without doubt or difficulty. It only requires that medical men in the neighbourhood, and those in more

distant parts, who have not prior claims elsewhere, should personally introduce the subject to the notice of their patients to obtain a prompt and generous response. The fact that at present, and for a considerable time, the medical staff have been obliged to send away numbers of urgent cases to other institutions will be found to be an unfailing argument with well-wishers of homœopathy.

The circular we have referred to states:

"We also appeal for an increased subscription list to the amount of £1,000. With the observance of the utmost economy, the work of the Hospital cannot be carried on without doubling the subscription list. The improved organisation and the larger number of patients will necessarily involve increased expenditure. Annual subscriptions from 10s. 6d. upwards will be thankfully received. The cost of an adult bed is £1,000, or by annual subscription £35; the cost of a child's cot is £750, or by annual subcription £25."

Annual subscriptions of one guinea and upwards confer voting powers and letters of admission to the hospital. To reach small givers it is advisable that persons should undertake annually to collect small sums making up a guinea or more. We have no doubt that when the building is completed an opportunity will be afforded for all who have in any degree interested themselves in the hospital to fully inspect it. We hope all our colleagues will realise how much it will be to the advantage of the cause we so much value, and indeed of themselves in particular, that our Metropolitan hospital should be in a flourishing condition financially. We think we can answer for it that the medical staff will see that the professional work, medical and nursing, shall be of the highest order, and that results in treatment shall be the test of this pre-eminence.

Promises and subscriptions will be gladly received and acknowledged by ourselves, or by the Secretary, Great Ormond Street, W.C.

We append a

FIRST LIST OF DONATIONS AND NEW SUBSCRIPTIONS.

	Donations. £ s. d.			New Annual Subscriptions. £ s. d.		Increased Ann. Subs. £ s. d.		
Lord Grimthorpe	50	0	0	—		—		
John Barran, Esq., M.P.	5	0	0	—		—		
J. P. Stilwell, Esq. (Chairman)	21	0	0	—		2	2	0
Captain Cundy	250	0	0	—		—		

	Donations. £ s. d.	New Annual Subscriptions. £ s. d.	Increased Ann. Subs. £ s. d.
H. W. Prescott, Esq.	100 0 0	—	—
Captain Wale Willis	1 1 0	—	—
F. G. Smart, Esq.	250 0 0	—	—
Mrs. F. G. Smart	250 0 0	—	—
Miss J. Durning Smith	250 0 0	—	52 10 0
A. P. Tree, Esq.	5 5 0	—	—
William Lindley, Esq.	50 0 0	—	—
Wm. A. Pite, Esq.	—	—	1 1 0
Dr. F. W. Clifton	—	1 1 0	—
E. S. Clifton, Esq.	—	1 1 0	—
Dr. Neild	—	2 2 0	—
Mrs. Fitz-Maurice Pratt	—	—	3 0 0
The Lady Knill	—	—	1 1 0
Dr. Edwin A. Neatby	—	—	1 1 0
Knox Shaw, Esq.	—	—	3 0 0
Dr. Byres Moir	5 0 0	—	3 3 0
Dr. Dyce Brown	10 0 0	—	3 3 0

ON THE RELATION OF HOMŒOPATHY TO PATHOLOGY.*

By J. Galley Blackley, M.B.

Ladies and Gentlemen,—In returning thanks at the last Congress for the honour conferred upon me in selecting me for what is practically the blue-ribbon of our homœopathic year, I did it with a much lighter heart than would have been the case had I realised the full magnitude of the problem I had to solve in choosing an appropriate subject. With an unbroken series of Congresses extending backwards a quarter of a century, and whose presidents have usually been men who combined high scientific acquirements with an encyclopædic knowledge of all that concerns homœopathy, this is hardly to be wondered at, and it might well be thought that everything of general interest in connection with homœopathy, with its struggles, its progress, or its position, had been said, and well-said, over and over again. This was the conclusion to which I was forced very speedily to come.

There is one subject, however, which has made its appearance periodically at these Congresses in one shape or another, and of late with increasing frequency in our periodical literature, which manifestly grows in interest and importance as the years roll on, and which is

* Presidential Address at the British Homœopathic Congress held in London, June 28th, 1894.

destined, as it appears to me, to play a more important part still in determining the ultimate position of homœopathy as a scientific and practical system of therapeutics. It is the *relation of homœopathy to pathology*. Physiology and pathology, the study of structure and function in health and disease, may be said for all practical purposes to be the growth of the last half century, and during the whole of that time with each successive development of the twin sciences we, as homœopaths, have been confronted with the very natural questions—How best can our system be expanded so as to be abreast of all that is new in the teachings of physiology and pathology? How can it be made more available for our own practical uses and at the same time more genuinely scientific in its character, so as to be worthy of being commended to the study of the senior student or newly-fledged practitioner fresh from lecture room and laboratory?

It is not my intention to attempt anything like an exhaustive answer to these two questions, for this would require much more time than is at my disposal to-day. I have thought rather that something in the nature of a historical summary of their origin, growth, and present position amongst us might well fill up most of our time.

Before Hahnemann's day, and down to a late period of his life, not much was known of the true nature of those disturbances of structure and function, a knowledge of which is now held to be the very A B C of our craft. What did duty as pathology in Hahnemann's time consisted almost entirely of hypotheses and conjectures made to suit the occasion or the mode of treatment, and usually so far removed from any real utilisation of facts in the task of curing the sick as to appear to most thinking men rather as a hindrance than a help therein.

A science which had nothing better to offer at the hands of its leading exponents than Cullen's theory on the mechanism of ague, and of its cure by the *Peruvian bark*,* or Hufeland's reasons for retaining blood-letting

* "Cullen begins by assuming that there may be what he calls muscular *tone*;" "again, that this *tone may* depend upon the state of the nervous fluid in the muscles; again, that there *may be* substances which act on this tone so as to increase it and hence deserve the name of *tonics*. This being granted he assumes that fever may depend upon the contraction or expansion of the extreme vessels of the surface, followed by relaxation, &c. He assumes next that there is such a sympathy between these extreme vessels of the surface and those of the

as a routine treatment in nearly all acute diseases,* could hardly satisfy such a mind as Hahnemann's, and we are not surprised that in the one case (whilst translating Cullen's *Materia Medica* into German) he should have felt the imperative necessity of a more logical explanation of an undoubted fact, that of the cure of ague by *cinchona*, and in the other that the time had arrived when the minds of the profession must at all costs, by every means at his disposal, be rid of what had for so long been a popular and dangerous fallacy. Little wonder that Hahnemann, in preparing a foundation upon which to rear the superstructure of his system preferred to confine himself to what he regarded as the realities of symptoms rather than to ingenious hypotheses as to their cause.

With the general spirit of Hahnemann's attitude towards symptomatology and pathology, we are all sufficiently familiar, but a couple of very short passages from the *Organon*, which I will read with your permission, may serve to stamp it more clearly upon our minds:—

§ 70.†—"That everything of a really morbid character and which ought to be cured, that the physician can discover in diseases, consists solely of the sufferings of the patient and the sensible alterations in his health, in a word, solely of the

stomach that when the one set is affected with spasm so is the other, and that the same medicine which affects the one affects the other. All these postulates being granted, he explains the action of the *bark* thus: It excites a tonic state of the muscles of the stomach. This he *supposes*, because it is good in certain forms of indigestion, which he *supposes* to be produced by insufficient contraction of the muscles of the stomach. This tonic condition of the stomach is then transferred to the extreme vessels of the surface, where by forcing an earlier contraction than would otherwise take place it shortens the stage of relaxation and so cures the fever."—Russell, *History and Heroes of the Art of Medicine*, p. 331.

* "How I wish my feeble voice could be heard like thunder! What, in the case of chronic, not dangerous, cases may be permitted, temporising, indifferent, easily-remedied treatment, in" . . . "diseases of rapid course and threatening a fatal issue" . . . "becomes a *crime*. He who out of fanatical regard for his mode of treatment, when life is at stake, neglects to use the remedies which a thousand years' experience has proved to be the best; he who, for example, omits blood-letting when the patient is *in danger of being choked by his own blood*, in cases of pneumonia, apoplexy, encephalitis, and generally in inflammations of important organs, and death or some chronic incurable disease ensues—such a one has a heavy sin of blood upon his conscience," &c.—*Homœopathy*. By C. W. Hufeland, translated in *Brit. Journ. of Homœopathy*, xvi., 195.

† *Organon of Medicine*, by Samuel Hahnemann, translated from the Fifth Edition, with an Appendix, by R. E. Dudgeon, M.D., p. 91.

totality of the symptoms by means of which the disease demands the medicine requisite for its relief, whilst on the other hand every internal cause attributed to it, every occult quality or imaginary material morbific principle, is nothing but an idle dream.

§ 100.*—In investigating the totality of the symptoms of epidemic and sporadic diseases it is quite immaterial whether or no something similar has ever appeared in the world before under the same or any other name. The novelty or peculiarity of a disease of that kind makes no difference either in the mode of examining or of treating it, as the physician must anyway regard the pure picture of every prevailing disease as if it were something new and unknown, and investigate it thoroughly for itself, if he desire to practise medicine in a real and radical manner, never substituting conjecture for actual observation, never taking for granted that the case of disease before him is already wholly or partially known, but always carefully examining it in all its phases, and this mode of procedure is all the more requisite in such cases, as a careful examination will show that every prevailing disease is in many respects a phenomenon of a unique character, differing vastly from all previous epidemics to which certain names have been falsely applied, with the exception of those epidemics resulting from a contagious principle that always remains the same, such as small-pox, measles, &c."

These passages may suffice to illustrate what was, next to the law of "similars" itself, the leading characteristic of Hahnemann's system as it left the hand of the master. Symptomatology was all in all; the gross lesions seen in cases of poisoning were interesting and nothing more; of the material changes seen in the body of the patient, living or dead, only such as were apparent on the surface were held to concern the therapeutist.

Medical education, during the latter half of Hahnemann's lifetime, had been by no means at a stand-still. One beneficent effect of the materialistic spirit which overran Europe at the close of the last and the commencement of the present century, was that the student of nature was thrown back more and more upon the search after fact—after truth, and in no department of human knowledge was this more the case than in that of medicine. The work of the Vienna school, founded essentially upon facts, in the early decades of this century, gave it an impetus which has never since deserted it,

* Ibid, p. 109.

and raised it at once almost to the level of an exact science. After facts came deduction, and a pure pathology was the result.

As the study and pursuit of homœopathy have always demanded as amongst their first requisites a high degree of intelligence and the fearless pursuit of truth, nothing was more natural than the conviction which took possession of the minds of many of the leading men of our school, that sooner or later the revelations of the bedside pathologist and of the morbid anatomist would have to be digested and assimilated by us; were they not, after all, facts, and were not many of their very prototypes, descriptions of the grosser effects of poisonings, still lying carefully docketed and pigeon-holed in our studies?

Just forty years ago, at the Congress held in Leamington, my distinguished predecessor in this chair (the late Professor Henderson) devoted the greater part of his address to a consideration of the "relation subsisting between pathology or the knowledge of disease on the one hand, and on the other the practice of physic or employment of remedies." His reason for selecting this as the groundwork of his address was, he says, "because it is one in connection with which great misconception exists among many of our opponents, and much misrepresentation, especially of the relation of homœopathy to pathology, has been made. You are no doubt aware that among our allopathic brethren the opinion prevails that pathology is a science which is intimately connected with the practice of medicine which they profess and cultivate, but has no corresponding place in the practice of homœopathy, and is, therefore, a branch of medical science which, as professional men, we neglect and ignore." He succeeded in showing that both assumptions were very far removed from actual fact.

Theoretical pathology as it existed before his own day Henderson considered as being quite unreliable in practice, and showed that not only had there always been a respectable minority of so-called practical men who denied its utility, but that writers of eminence from Sydenham downwards had constantly condemned the hypothetical and conjectural pathology of their day when made the basis of practice as "pompous subtilties, of no more service to the physician in the cure of diseases than music to the architect in constructing an edifice."

Of the pathology of his own day, he pointed out that in place of confining its attention to morbid conditions within its sphere of observation, it endeavoured, before treatment was thought of, to relegate the disease to one or other of several so-called pathological states, such as inflammatory, congestive, tubercular, &c., although, as he points out very forcibly, it was frequently impossible to ascertain either the nature or seat of the supposed pathological condition during the lifetime of the patient. "When, therefore," he says, "such cases are treated on what are *termed* pathological grounds, they are necessarily treated by guess, and we need no other reason than this for declining to adopt such a method in preference to our own, which, while it leaves us at liberty to form what opinions we choose regarding the nature and seat of a disease, supplies us with a rule for selecting a remedy for that disease—if it be remediable by art—whatever may be its seat and nature, and even though its seat and nature be unknown."

The pathology which Henderson commends, and which concerns us as therapeutists, is that which embraces the more discriminating study of all the phenomena, subjective and objective, presented by disease, which avails itself of all the help afforded by daily use of stethoscope, microscope and test-tube, whose constant aim is to make use of every additional facility for discriminating one disease or variety of disease from another, and whose ultimate object is to pave the way for a more exact and direct method of treatment. Pathology is, in short, the key which is to unlock for us the treasure house of the Materia Medica; our therapeutist must remain a pathologist whilst fulfilling his highest function, the selection of the remedy for the cure of the sick, for he says, "We hold that the proper method is to ascertain what are the effects which medicines are capable of producing upon the anatomical, chemical and physiological conditions and phenomena of the body, with the view of learning to what morbid phenomena and pathological states they each stand in homœopathic relation."

These aspirations after an *ars medendi* founded upon *fact*, which should embrace all facts and nothing but facts, have furnished the keynote of much that has been most enduring in the homœopathic literature of the last half century. Monographs upon individual drugs and

treatises upon special diseases exhibit alike the same prominent feature, the endeavour to break loose from the merely mechanical method of handling symptoms, and to regard pathogenetic records in the light of diseases set up by drugs, and so facilitate the obvious practical application of such drugs to the removal of similar pathological conditions. Amongst the earliest efforts in this direction may be counted the brilliant series of monographs since re-published in collected form by the Hahnemann Publishing Society,* and so well known to all of us. The great fault to be found with these is that they do not go far enough. The regional summaries appended to the various drugs are admirable in themselves, but leave one with the feeling that their usefulness would have been enormously increased had we had in preference a pathological commentary upon the behaviour of the drug in individual provers or groups of provers; a commentary which would tell us clearly that in such a prover, for instance, the drug effects reminded one of such and such a disease or pathological state.

The completion of the ponderous *Encyclopædia* of Allen was an event which, it was fondly hoped, would clear away many of the obstacles which had hitherto beset the path of the scientific prescriber; but the result, alas, was far otherwise, for its immediate effect was to throw into still higher relief the very serious nature of several of them, to wit, (*a*) the multiplicity of medicines in use, (*b*) the artificial arrangement of the symptoms, and (*c*) the undoubted presence amongst these of an immense number whose antecedents would by no means bear investigation, symptoms which were in no sense the effects of the drugs, and were therefore not only absolutely unreliable, but positively misleading.†

The last volume of "Allen" had hardly made its appearance, just a quarter of a century after Prof. Henderson's historic address, when the whole work began to be subjected to much severe criticism; indeed the shortcomings of this and all previous efforts of the same kind were only too apparent. By none were the

* *Materia Medica, Pathological and Applied.* Vol. i. Trübner & Co., London. 1884.

† *Vide* Hughes' three lectures, *On the Sources of the Homœopathic Materia Medica.* London. 1877.

functions of critic fulfilled more fearlessly and to better purpose than by the veteran practitioner chosen to fill this chair at our Leeds Congress in 1880, and whom we rejoice to see still amongst us. It was surely more than a happy coincidence that our deliberations should on that occasion, have been presided over by one who combined in himself the rare qualifications of great natural acumen and an unrivalled practical experience. The keynote of the address* given by Dr. Yeldham on that occasion is struck when he asks himself the following questions: (1) Whether our Materia Medica in its existing state is calculated to develop the elements of certainty in our system to the fullest extent of which it is capable? (2) If not, can we suggest a mode by which this desirable end may be obtained?

In what direction this element of certainty might be reasonably expected to lie is sufficiently evident from a short and pithy sentence uttered very early in the address:—

"Side by side with drug proving, pathology should find its proper place and true value in homœopathy." Without the light of pathology diagnosis becomes a farce, prognosis an impossibility, and therapeutics little better than a craft."

With practical common-sense and praiseworthy self-denial Dr. Yeldham addressed himself to the task of clearing the ground of those obstacles which effectually barred the way to further progress, and in this respect the address was in the slang of the present day, distinctly "epoch-making."

The answer to his first question was, of necessity, No! and this he showed was largely due to a number of causes, each in a sense the necessary outcome of another. The first of them he looks upon as an inherent defect in our system as it left the hand of the master, viz., the multiplicity of drugs required; each new combination of symptoms being necessarily regarded as a new disease required a new remedy. Apart, however, from the unwieldy number of drugs in use, there were in the pathogenesies of most of them

(*a*) Vast accumulations of symptoms, many of them utterly untrustworthy;

* *On the Pursuit of Certainty in Medicine. Monthly Homœopathic Review*, Vol. xxiv., 581.

(*b*) Endless repetitions of symptoms (doubtless identical symptoms in the different phraseology of the various provers); and

(*c*) The number of trifling, incredible, or meaningless symptoms.

In answering his second question in the affirmative, he shows that much may be done by largely curtailing the number of remedies in regular use, but still more in the direction of reducing the number of symptoms we are called upon to treat. It is the latter which he regards as of most pressing importance, and proceeds straightway to disclose the remedy he would suggest, in the form of a scheme which was destined, when carried out, to have an immediate and striking influence upon the future of homœopathy. His proposal was to institute a "Materia Medica Committee," "composed of men who, from their practical experience, literary attainments, and wide acquaintance with homœopathic matters generally would inspire confidence that whatever they did would be thoroughly well done." He suggests the desirability of inviting the co-operation of our American colleagues and so making the revision an international concern. The duties of this committee would fall into one or other of three departments—revision, reproving or ejectment, and to one or other of these every article at present in our Materia Medica should be rigorously subjected, the result being that we should in time have an authorised *Materia Medica Pura*, a work to which homœopaths could appeal with confidence, a work on which they could lay their hands and say—"This at least is genuine, every one of these medicines has been thoroughly proved, every symptom here recorded is a reality. By this I am prepared to stand."

How thoroughly Dr. Yeldham gauged the needs of his own and future generations of homœopathic practitioners, and sketched out a workable plan for their speedy and complete relief, is now a matter of history and need not detain us. We all know by this time how the recommendations of Dr. Yeldham were ultimately carried out, even to their minutest particular, how the International Committee, consisting of men whose names are household words amongst us, was speedily appointed, how willing workers *quorum pars minima fui* were found on all sides, and how the presence on our bookshelves of

the four not too ponderous volumes of the *Cyclopædia of Drug Pathogenesy* is the result.

What we shall probably never know, however, is the extent of our obligation to two men whose names appear with others on the title page of the *Cyclopædia*, men whom we can never too much honour, men whose names I need not even mention, for are they not graven on our hearts? I say without hesitation that the *Cyclopædia*, deprived of the help of Dudgeon and Hughes, would never have come into existence.

The completed work has now been in our hands more than two years, and whilst we are awaiting at the hands of our untiring friends the index which shall unlock its treasures, and those of Hahnemann's *Materia Medica Pura*, and render them easy of access even to the busiest of us, we are becoming every day more alive to the fact that we have in the *Cyclopædia* an inexhaustible mine of wealth, whether in its accounts of drug provings, of poisonings, or of morbid anatomical changes. The narrative form adopted in both cases, with the symptoms given in their natural order of sequence, commends itself to the reader more and more every time he opens a volume, and we see what a mighty bound forward has been made towards the goal we have so long had in view—a pathological basis for our system of therapeutics.

Whilst possessing our souls in patience the time may well be spent in considering the best plans for making use of the knowledge we now possess, for making use of it in the obviously scientific as opposed to the old-fashioned or mechanical method.

Dr. Hayward's paper on *Books of Reference*, read two years ago at the Southport Congress, dwelt upon the merits and advantages of the *Materia Medica, Physiological and Applied*, of the *British Repertory*, and the *British Manual of Therapeutics* (when it exists), but in proportion as schema and repertory were brought into prominence failed somewhat in its object, and cannot be said to have been on the whole favourable to the pathological method of using the *Cyclopædia* and its *Index*. The discussion which followed sufficed to show more plainly the drift of latter-day homœopathy, and to emphasise the want of a reliable manual of therapeutics, wherein pathology and diagnosis, in addition to mere symptomatology, should be given a leading place, and so

furnish in the plainest possible language the grounds for the choice of remedies.

The use of the *Cyclopædia* was not long in making itself felt in the matter of clinical work, and one or two very excellent cases (to be referred to presently) treated from what may be called for convenience the pathological stand-point had already appeared, when we find the ever-ready Dr. Hughes again stepping forward with the object of directing our energies into the most remunerative channels (remunerative, that is, from the scientist's point of view). In a short paper on *The Further Improvement of our Materia Medica*, read before the World's Homœopathic Congress in May, 1893,* after reminding us once more of the advantages offered by the *Cyclopædia* in two important particulars, viz., the absence of so-called "clinical symptoms," and of the schema which so seriously lessens the value of Hahnemann's provings, Dr. Hughes appeals to teachers of Materia Medica in our schools to publish their systematic lectures from time to time, embodying (as they must do) all the side-lights which from toxicology, from the physiological laboratory, and from therapeutic experience they can bring to bear upon its study.

Much more important, because more practical, is the suggestion which follows, a suggestion which shows at once the master mind, and which without apology I give in its original form:—

"I would call," he says, "for commentaries elucidative and exegetical, and would suggest that those most competent for such a task are the specialists of our school, the neurologists, the oculists, the aurists, the gynæcologists. To the study by such men of the symptomatology of disease, aided by *post-mortem* examination and experiments on animals, we owe the great advances in pathology which have marked the last sixty years. May not similar investigations, when directed to pharmacology, achieve like results. The phenomena of drug disease have also their meaning, and lend themselves to patient interpretation. Such interpretation illumines them, makes them coherent, intelligible, memorable; they become part of our mental furniture, and are not mere strings of symptoms to be learned by heart." Then

* *Monthly Homœopathic Review*, vol. xxxvii., p. 612.

follows a list of suggestions that the neurotic phenomena of certain drugs, the eye symptoms of others, and the pelvic disorders of others, should be made the subjects of special study by the experts of each department. "A series of such studies," he says, "would enrich the very life-blood of our practice, and make us all better fitted to deal with the morbid states that come daily before us."

Such an appeal, and from such a quarter, was not likely to remain long without a response, nor did it in fact so remain. Work has been, I am glad to say, already begun on both sides of the Atlantic, and in a spirit of genuine enthusiasm which bodes well, if not for its speedy completion, at least for its steady progress, work still absolutely necessary to make our *Cyclopædia* do the utmost of which it is capable, whether in the matter of teaching the student or of curing the sick.

One of the American homœopathic societies, that of Boston, happy in having a special Materia Medica section, has through its chairman, Dr. Sutherland, expressed its determination of taking up the work sketched out above.

In order to help on this work Dr. Hughes gives in the *New England Medical Gazette* for December, 1893,* at Dr. Sutherland's request, as an instance of some of the numerous points awaiting solution, the "eye symptoms" given in the provings of *aurum*, some of which, as given in Hahnemann's pathogenesy of the drug, are so striking as to force one to the conclusion that, if genuine, they could hardly occur without the co-existence of definite pathological lesions, which would not fail to be recognised and named by experts in the physiology and pathology of the eye.

In the same number of the *New England Medical Gazette* † are no less than three articles evidently inspired by the same spirit, and which, although bearing evident marks of haste in their preparation, and wanting in the judicial tone so desirable in all critical work, may be welcomed as being pioneers in the right road. They are *Some of the Nervous Symptoms of Arsenic*, by Dr. Edward P. Colley, of Boston; *Analysis of Symptoms of Arsenic pertaining to the Skin, from Cyclopædia of Drug Pathogenesy*, by John L. Coffin, M.D., Boston; and *The*

* P. 545.
† Pp. 550, 554 and 564.

Aural Symptoms of Mezereum, by Howard P. Bellows, M.D., of Boston.

We have good reason to believe that a considerable amount of such work, possibly fragmentary, has already been begun and partially thought out by some of our younger and more advanced students, those in fact who have had all the advantages which the modern system of laboratory training confers; and that this work only needs carefully committing to paper to be welcomed by us all.

As an admirable specimen of the kind of work I refer to, I would mention a paper by Dr. Ellis, of Liverpool, *On the Value of Some of the Lesser Known Drugs in the Treatment of Diseases of the Nervous System.** The spirit inspiring this admirable paper may be guessed from one of his opening sentences. He says: "I would not for a moment desire to controvert the dictum of Hahnemann that we must study the totality of the symptoms—both objective and subjective—of the patient; but in my selection of a medicine for the treatment of a case of disease, if I know that any drug in addition to producing the symptoms present in my patient has also given rise as a result of poisoning or experiment to the anatomical changes or pathological condition from which I know my patient to be suffering, I feel much more certain of attaining my desired end."

The drugs treated of in this, Dr. Ellis's, paper are *bisulphide of carbon, lead, lathyrus, salts of barium, salts of zinc, oxalic* and *picric acids* and *ergot*, and the parallel which he has drawn between certain of the nervous symptoms produced by these drugs and well-known pathological states are so striking as to impress the reader at once, and in a way which no mere lists of symptoms in schema form could possibly do. To illustrate this I have selected the first of these, the *bisulphide of carbon*. Here is the parallel which Dr. Ellis draws between the symptoms produced by this drug and those present in a recognised pathological condition, multiple or peripheral neuritis. On the one hand we have the fact that the most striking feature of the attack on the nervous system consists, after a period of excitation, "in a gradual failure of muscular power, showing itself at first and chiefly in the extensor muscles, of the extremities, preceded or accompanied by

* *Journal of the British Homœopathic Society*, vol. 2, p. 7.

some disturbance of the sensory nervous system, such as formication, prickling, lancinating or so-called 'rheumatic' pains, numbness, anæsthesia or icy-coldness of the extremities." "Faradic contractility is sometimes impaired, and slow wasting of the affected muscles has been observed." "The loss of muscular power is usually attended by cramps and fibrillary twitchings."

On the other hand we have "tingling," "pins and needles," or numbness in the toes or, less frequently, in the fingers, followed by a slowly progressive (but sometimes rapid) loss of power in the muscles which flex the ankle upon the leg, and which extend the toes, wrists or fingers—in fact, the muscles supplied by homologous nerves; the radial branch of the musculo-spiral in the upper, the peroneal branch of the anterior tibial in the lower extremity. There is usually (and sometimes rapid) wasting of the affected muscles, which quickly lose their power of contracting to the interrupted current. "There may be tremor of the affected muscles and some loss of co-ordination is usually noticed. There is almost invariably complete abolition of the patellar reflex, though this may be exaggerated very early in the disease. In most cases the neuritis, and therefore the paralysis, is symmetrical in its distribution, indeed the trio of symptoms most characteristic of the condition are paralysis of the extensor muscles, the symmetrical distribution of the paralysis and sensory symptoms and loss of the patellar reflex."

The resemblance here between the drug disease and that met with in actual practice, is so close that if there be indeed anything in the rule *similia similibus curentur*, we ought in *carboneum sulphuratum* to have a most powerful auxiliary in the treatment of peripheral neuritis, whether arising from alcohol, from diphtheria, from exposure to wet and cold, or, as Dr. Ellis suggests, as met with endemically in Japan, under the name of "Beri-Beri."

The effect of *lead*, as Dr. Ellis points out, in a certain group of cases remind us of acute infantile paralysis, and the sub-acute form occasionally met with in adults. "More than all do we find a resemblance between the symptoms produced by lead and those of the disease known as progressive muscular atrophy." Here the resemblance between drug disease and idiopathic affection

are so striking as to leave us no doubt that in lead we have the simillimum.

Lest I should weary you, however, I must content myself with referring you to the original paper; here you will find how striking are the resemblances between the effects of *lathyrus* and "primary spastic paraplegia;" between intoxication with the *salts of barium* and the condition known as "spinal exhaustion" or "spinal neurasthenia" (a typical example of which we frequently see after apparently mild attacks of influenza); between those of *ergot* and tabes dorsalis, &c., &c.

Dr. Ellis's paper, in short, constitutes a real service to homœopathy.

Two years ago Dr. Stonham, of Ventnor,* published a careful and minute account of the symptoms observed by him in a case of poisoning by the Water Hemlock (*cicuta virosa*), an account which I would commend as a model of its kind, and equal in every way to some of our best recorded clinical descriptions, the most striking symptoms being well-marked epileptiform convulsions, twelve in number, each lasting three minutes. The description of these with their attendant symptoms afford a most vivid picture of a genuine drug-disease, and call to mind at once cases of epilepsy and of uræmic eclampsia. How invaluable such experiences as Dr. Stonham's may prove, and how naturally they may be made use of, we learn from a short article published by him in the same journal for the following year.† Within a very few months Dr. Stonham was called upon to treat a case of convulsions in a child, and the close similarity of the symptoms, for which he gives us chapter and verse, to those seen in the case of poisoning by *cicuta* at once pointed out the appropriate remedy. Moreover, the tincture used was prepared from some of the roots of the identical *cicuta* plant which had poisoned the first patient. The cure was speedy and complete.

As the necessary complement to such records as Dr. Ellis's and Dr. Stonham's, we naturally turn to accounts of cures (preferably by single remedies) and when the drug has been selected not so much on account of the close similarity of the mere symptoms, as from

* *Poisoning by Cicuta Virosa*, by T. G. Stonham, M.D. *M.H.R.* xxxvi., 545.

† Case of Convulsions treated by *Cicuta Virosa*. *M.H.R.* xxxvii., 225.

the fact that the disease exhibits and the drug causes more material changes presenting features of the closest similarity. A single example of this class of case, published since the completion of the *Cyclopædia*, must suffice. *Phosphorus in Purpura Hæmorrhagica** is the title of a short paper by Dr. A. S. Alexander, in which you will find a most satisfactory instance of a case of disease treated by a single remedy, where the well ascertained pathological condition and the more striking of the objective symptoms sufficed to point to *phosphorus* as the appropriate remedy. Mere subjective symptoms were very wisely left out of consideration. Here too a cure took place *citò, tutò et jucunde.*

The character which it is desirable that much of our future pharmacological and clinical work should possess is, I hope, sufficiently obvious from the few examples I have given. The two departments should keep shoulder to shoulder, each the necessary complement of the other. Let our pathogenesies remind us of the bedside; let our clinical cases call up recollections of drug-provings. If in the former case the material at our disposal does not fulfil this requirement, if the records of certain drug-provings consist largely or entirely of subjective symptoms, let us address ourselves with all despatch to the task of re-proving these. Modern investigation leads us to expect structural changes as underlying all disordered sensations and functions, and our specialists could not well devote their leisure and superfluous energies to a better task than that of re-proving a number of our older remedies: by the regular use of stethoscope, microscope, or thermometer, of opthalmoscope, laryngoscope, or speculum, they would soon be in a position to give us the true meaning of symptoms at present isolated and without definite sense.

Of equal importance, nay, by reason of its magnitude of still greater importance, is another task which looms large in the near future; a task which should be faced without delay. It is that of collating all the clinical material at present existing in our literature with the object of distinguishing the true from the false, retaining the wheat and rejecting the chaff, in precisely the same manner as was done in the matter of drug provings by

* *M. H. R.* xxxvii, 267.

the international committee. The herculean nature of this work you will say is such as to make the stoutest-hearted amongst us take pause, but of its necessity there can be no shadow of doubt. Before we can hope to have anything like an exhaustive and authoritative *Manual of Therapeutics*, this will have to be in great part carried out. As we had our Materia Medica Committee, so in like manner let us have a Clinical Committee consisting of the representative men of the various departments. These would conveniently be divided into sub-committees, with an adequate representation of specialists where necessary. One such sub-committee would go through all the cases of chest-diseases, another of eye-diseases, another of nervous disorders, and so forth. The sifting process would have to be first applied, for that there is a considerable per centage of records of cures where the event could not be reasonably said to be due to the action of the drug or drugs used one cannot doubt. The diseases themselves, likewise, may, on critical examination, turn out to be something very different from what their authors imagined. Those, too, in which no clear reasons for giving the various remedies were furnished, would, for work of this kind, be valueless, and have to be rejected. All this done we should at length (pace Dr. Clifton) have furnished by each sub-committee a very large mass of clinical material of a similar character, from which reasonable deductions as to modes of treatment might fairly be drawn. Such a work as is here contemplated is altogether beyond the powers of the few, but it should be easily met by the combined effort of the many. A very few years of such steady work as was expended upon the *Cyclopædia* ought to furnish us with a similar inclusive work on therapeutics, and worthy in every way of taking its place side by side with the *Cyclopædia* on our book-shelves and on our study table.

So much then for what has been done, for what must still be done. Yet a few words more as to what should not be done. It will be noticed that throughout my address only the barest reference is made to work included under the description of "repertories" or "symptomatologies." My reasons for this are two-fold. Firstly, because I have always regarded such works in the light of a necessary evil, used *faute de mieux*, by ourselves, but repellent in the highest degree to the mind of the enquiring outsider;

secondly, for the reason that even admitting, in the present stage of development of our system, the necessity for their occasional use, we have already of such work a veritable *embarras de richesses*. Their name is legion, and the cry is "still they come," and unless some decided attempt be made to stem the tide of such works their rate of increase will simply be multiplied indefinitely. The capacity for reproduction of what has been very aptly termed the "kaleidoscopic" arrangement of symptoms is simply endless. Another turn of the toy and lo! we have an entirely new and probably ingenious arrangement of the same old symptoms. The old mathematical puzzle of "how many changes can be rung on seven bells" sinks into insignificance, and we shrink appalled from the bare thought of what may be done with the symptoms of even a very ordinary medicine.

What is most of all to be deplored in all this matter is the fact that so much invaluable energy should be turned into unproductive channels; energy which, if devoted towards helping on the work I have attempted to sketch out above would soon render it a reality. In this country at least we are a small body, and can ill afford to have stragglers, at least for the present; the works I have suggested will for some years to come tax our energies to the utmost. Only when all these are complete, and when there are "no more worlds left to conquer," would I encourage the erratic genius to take his relaxation in devising a new repertory or symptomatology.

Now, ladies and gentlemen, let me thank you for your great patience in hearing me out. To my colleagues I would venture to express the hope that the present Congress may be as profitable as its predecessors, and to you all that the evening reunion may be as pleasant to look back upon as so many which have gone before.

ARSENIC AS A CAUSE OF SUGAR IN THE URINE.

By Edward Blake, M.D.

During the year 1890, a medical friend of mine was consulted by a lady aged 24, on account of the loss of the senses of smell and of taste, a result of influenza. He ordered one-fiftieth of a grain of *arsenic* to be taken three times a day; no limit was given to the length of time

during which the drug was to be taken. For more than two years this lady diligently and regularly took three daily doses of *arsenic*, and she became extremely ill.

In the November of 1892 she again consulted my friend, who is a perfectly orthodox physician, residing in the west end of London, complaining of considerable loss of flesh; she was, in fact, two stone lighter than she had been in the summer.

Marked lassitude was present. She had incessant thirst, dyspepsia, with perpetual craving for food; constipation; muscular pains most marked in the calves of the legs; frequent and copious micturition, the quantity of urine reaching at times to eighteen pints in the day.

Analysis of urine: sp. gr. 1030 to 1042. No albumen. Glycose, quantitative estimate made on twelve occasions. Sugar was found to the extent of three to fourteen grains per ounce.

Dr. Pavy now saw the case, and pronounced it to be one of glycosuria.

The *arsenic* was suspended, *and in one week the sugar completely disappeared!*

Soon afterwards the other symptoms passed away, and the lady regained her health.

Since the experiments of Minkowski and Von Mering, in 1889, on the production of artificial diabetes in dogs by extirpating the pancreas, much attention has been drawn to the connection between pancreatic disease and glycosuria.

Williamson, of Manchester (see *Lancet*, p. 927, April 14th, 1894) found the pancreas diseased in seven out of fourteen cases. The absence of lesion in the others could be explained by the fact that a toxic agent can circulate through the pancreas, or through its controlling centre, and cause abolition of function without producing gross pathological changes.

There are grounds for supposing that any poison which can inhibit the pancreas, by passing through its control centre, has the power to produce at least temporary diabetes mellitus.

If we adopt some such view we can understand why such a great variety of differing agencies as *arsenic*, *asclepias vincetoxicum*, *asparagus*, the bite of the Dipsas serpent, *baryta muriatica*, *bovista*, *cantharis*, *carbo vegetabilis*, *castus*, *causticum*, *chloroform*, *cuprum*, *curare*,

ether, ferri sulphas, ledum, magnesia, mephitis, mercury, morphia, natrum muriaticum, nitroglycerine, and the nitrites generally, *phosphoric acid, quinine, tartar emetic, sulphur* and *uranium* have been credited with the power of producing glycosuria.

It is probable then that any agency which can put the pancreas to sleep can induce glycosuria.

The list should include exposure, traumatism, systematic alcoholic excess, and the violent emotions of the mind. All these have one property in common, that they can lock up in us the dangerous products of tissue waste and thus cause centric neurotoxis.

Dr. Yeldham, in the course of a discussion on diabetes (*Annals of the British Homœopathic Society*, vol. iii., p. 456), said he had seen benefit from *arsenic*.

I look on the accidental proving of *arsenic* on this young lady, as of singular interest and of great importance. It is nearly unique as an undoubted example of the artificial production of true diabetes mellitus.

I have shown the ability of *arsenic* to cause an arthropathy, in the way of rheumatic gout, see *Int. J. of the Medical Sciences*, p. 132, Feb., 1892.

We know that *arsenic* can induce a dermatosis in the shape of ecthyma, *i.e.*, dermatitis arsenicalis.

We may then view these three conditions of glycosuria, osteo-arthritis and ecthyma as interchangeable neuroses.

CONSULTATION DAY.—LONDON HOMŒOPATHIC HOSPITAL.

(Reported by Dr. Washington Epps).

Consultations were held on Fridays, March 2nd and 16th, April 6th and 20th, and May 4th, at 3 o'clock, in the operating room of the hospital, when twenty-five cases in all were exhibited. Some of the cases shown were of rare diseases, as elephantiasis arabum and cholestrine crystals in the vitreous, and others of diseases presenting more or less difficulty in the diagnosis or treatment, as syphilitic disease of the liver, spastic paralysis, pernicious anæmia, ovarian cyst, &c. The number of cases shown has been smaller than previously, as we have tried to limit them to four, or at the most five, cases on each afternoon. The attendance of medical men not officially connected with the hospital continues to

increase, which is most encouraging. Reports of sixteen of the twenty-five cases are given below. Two cases of ovarian cyst, which were exhibited by Dr. Burford, have since the consultations been admitted into the hospital and operated upon. The reports of these cases can be seen in the current numbers of this *Review*, or in the *Journal of the British Homœopathic Society*.

CASE I.—*Elephantiasis arabum.*

Dr. J. Galley Blackley exhibited this well-marked case of sporadic elephantiasis arabum. The case has been previously shown at the Society on March 2nd, 1893, and is described in the first volume of the *Journal of the British Homœopathic Society*, page 223.

The patient was a woman, aged 56, an Englishwoman, born in Kent, who had never been out of England. Her family and personal history were both good. The disease was of thirty years duration, and was confined entirely to the right leg and thigh, which were of enormous size, the girth round the knee being twenty-nine inches.

Hydrocotyle ϕ had been steadily given for months at a time, but without effect. Massage also had been tried, but with no permanent effect. Dr. Blackley is now giving thyroid extract and will continue it for three months, when the patient will be again exhibited.

CASE II.—*Congenital syphilis, with great enlargement of liver.*

Dr. Byres Moir brought up this infant of eleven months from Barton ward. The case was one of congenital syphilis, with marked enlargement of the liver.

The family history clearly showed the specific nature of the disease, six children having previously died prematurely.

On admission, February 18th, the liver was found to be much enlarged, reaching to the level of the umbilicus, in the right mammary line. There was also a dry skin, hoarse cry, bleeding from the nose and stomatitis. *Merc. dulcis* 2x gr. ii. t.d.s.

By Feb. 24th the liver was decidedly smaller, the notch could then be easily felt. Distinct snuffles had developed. The next day, the respirations were 60 per minute and the evening temperature 104.4. The breath sounds were then harsh, and the child lay with his head thrown back. *Acon.* 2x in addition.

The *mercurius dulcis* was continued until the 26th, when it was changed for *merc. biniod.* 3x gr. i. t.d.s.

At the consultation the child was seen to be in very much the same condition as when admitted, and the diagnosis of congenital syphilis with enlarged liver was confirmed and the continuance of the treatment advised. The little patient died two days later. No *post mortem* examination was made.

CASE III.—*Tertiary syphilis, with enlarged liver and spleen.*

This patient had been under Dr. Galley Blackley's observation in Hahnemann ward for four weeks before the consultation, and was exhibited as he was an interesting example of tertiary syphilis affecting the liver.

Family History.—Father died of phthisis, mother living and healthy, brothers and sisters healthy.

Previous History.—Patient had been in the army in Burmah and India, where he had fever and ague several times thirteen years ago, and whilst there he had contracted syphilis. He had been home three years.

For six years he had been losing flesh. This had been most perceptible during the last six months.

Patient's height was 5 ft. 10 in. In 1876 his weight was 12 st. 4 lb., whereas, on admission it was only 8 st.

Seven months before admission, in stepping off a bus he ricked his side and knee. The next day he could not put his foot on the ground as his knee was so much swollen. This had continued ever since.

On admission, February 8th, 1894. Patient looked ill and complained of weakness. He was much emaciated and sallow, with slight bronzing of the face and neck.

The left knee was swollen, chiefly anteriorly; it was painful on pressure over the upper and inner edge of the patella, and the joint contained some fluid. The shafts of the tibiæ were swollen about the centre, where was some pain and œdema, with pitting on pressure. There were several old cicatrices from blood-poisoning. Lungs: Resonance good all over except at the right apex posteriorly, where the respiration was loud and prolonged. There was no cough nor expectoration. Patient stated that he had had hæmoptosis several times. On being questioned he explained that he had several times awoke in the morning with his mouth

filled with blood. He had had dyspnœa lately, and his voice had been hoarse the last three days. Heart: Apex beat indefinable. Sounds weak at base. No bruit. No palpitation. Feet swell at times. Appetite good. No pain after food. Great thirst. Bowels regular.

Urine excessive for the last three weeks. The day after admission he passed 110 oz. sp. gr. 1002°; no albumen. *Ac. phosph.* 1x gtt. v. t.d.s. was prescribed. The quantity of urine fell in quantity from 110 oz. on the 9th to 50 oz. on the 15th.

The temperature, between February 8th and 15th, ranged between 100° and 102·8° p.m. and 97·6° and 99° a.m.

Patient later, had some night cough, with very scanty expectoration. On February 13th the house surgeon reports: "Expectoration tinged with blood. Tenderness in both flanks, especially the left. Stools have been white for some days. Legs very painful at night, so that the bedclothes had to be supported on a cradle. *Kali iod.* gr. iii. t.d.s.

At this date, the liver dulness extended from the fifth rib to one inch above the umbilicus, and almost to the nipple line in the sixth space on the left side. The spleen dulness extended from the eighth rib to the line of the umbilicus.

On the 16th the symptoms remained as above, except the dulness of the liver, which had increased downwards to the umbilicus. The dose of *kali iod.* was now increased from gr. iii. to gr. x.

At the consultation on March 2nd the diagnosis and treatment were confirmed. The patient was still very anæmic, thin and weak, but he had markedly improved under treatment, so that he was able to be an out-patient. The liver had then become much smaller. The blood was still very poor in quality, the red blood corpuscles being only 4,100,000 per c.m.m.

CASE IV.—*Cholestrine crystals in the vitreous: incipient cataract.*

Mr. Knox Shaw showed this case. The patient was a hale old man of seventy-four, who complained that four months ago his sight began to fail owing to a film before the eyes. Up to this time he had had excellent vision.

With the ophthalmoscope he was seen to have incipient equatorial cataract, and his vitreous had numerous cholestrine crystals floating in it, producing the "golden rain" appearance. No other ophthalmoscopic changes were visible. It was pointed out that these crystals were supposed to be the result of fatty degeneration, and were not necessarily accompanied with much impairment of vision. He was at present taking *sulphur* 3.

CASE V.—*A pulsating tumour in the neck.*

Dr. Cavendish Molson brought up this case from his clinic. The pulsating tumour was clearly an aneurism, whether of the right innominate or of the right common carotid was not quite clear. Dr. Molson thought the former and some of the consultants the latter. The aneurism was of five years' duration, and the patient had much improved under a course of *baryta carbonica* 3x.

Whilst patient was attending Dr. Molson's clinic she suffered from intense and constant neuralgic pain in the right shoulder, which had lasted for six months; this was completely removed by *kalmia latifolia* 1x. The pain corresponded to "pain from the neck down the right arm to the little or fourth finger," which Dr. Hering gives as a characteristic symptom of *kalmia* in his *Condensed Materia Medica.*

Dr. Byres Moir suggested the advisability of continuing the *baryta carbonica* in the third centesimal trituration and stated that this was the best remedy, as far as his experience went, in these cases.

CASE VI.—*Spastic paralysis in a child.*

Mr. Gerard Smith sent this patient to the consultation. The child had a very severe fall, and struck the right side of his forehead early in December, 1893. Encephalitis followed, with left-sided convulsions, leaving him in January, 1894, with absolute hemiplegia of the left side, all electrical reactions being entirely lost, and the child was quite unable to stand or use his left arm. Faradism was applied to all the paralysed muscles for two months, so that at the consultation on March 16th the child could walk and was able to use his left arm. Spastic contraction of the flexors only then remained. This was becoming less marked under the application of galvanisation of the flexors and Faradisation of the

extensors. No fresh suggestions were made, the continuance of the electricity being advised.

CASE VII.—*A case in orthopædics.*

Dr. Marsh showed this case, which had been attending his clinic for some time. The patient was a girl of eleven years, who was suffering from a deformity of the feet and legs, which was probably due to infantile paralysis.

The right leg appeared to be the longer, this was due to canting of the pelvis, for upon measurement with the tape, and also on stretching the two limbs side by side, they were found to be of equal length. The right limb was the thicker and more muscular, and the patient seemed to bear most weight on this leg. She walked almost entirely on the outer edge of her feet, which were both turned inwards, the right most. The arches of the feet were elevated. All these deformities were due to contractions of the tendons. The patella reflex was absent. The mother attributed the deformity to teething, but the child had never had any convulsions.

The chest was also arched forward; the sides had given in and bent towards the median line, giving the patient a very awkward and unseemly gait, which was accompanied with a sort of riggle and waddle of the body.

In consultation the question of galvanism and tenotomy, in some form, was discussed. It was thought that galvanism might be of some service and should be tried, but the length of time the paralysis had lasted was very much against much good resulting. It was also thought that tenotomy might relieve some of the contractions. The girl was wearing two very heavy orthopœdic appliances, but these did not appear to have helped her materially, and have latterly been given up.

CASE VIII.—*An obscure shoulder case.*

Mr. Gerard Smith brought this case from Clapton. The case was a man of about forty-five, who seven months before had injured his shoulder by carrying a heavy weight on it. For six months he was treated, not by Mr. Gerard Smith, for rheumatism of the shoulder.

There was almost complete loss of movement in the shoulder joint, the scapula moving with the arm. Slight rotation and slight abduction of the humerus being just

possible. There was some wasting of the deltoid, with considerable pain of an aching character in the shoulder, but no rheumatic pains elsewhere.

The case was diagnosed as one of fibrous ankylosis of the left shoulder joint, following upon a sub-acute arthritis from an injury, with some bruising of the deltoid muscle.

The treatment advised was the breaking down of the adhesions under an anæsthetic, followed by frequent bathing of the shoulder with very hot water and passive movement of the joint twice daily.

CASE IX.—*An unusual deformity of the chest, with obscure lung symptoms.*

This patient, aged 40, was brought up from Bromley by Dr. H. Wynne Thomas.

The family history was unimportant. There was no history of consumption in her family, her husband had suffered from phthisis but died from another cause.

Patient was strong and well until her fourteenth year, when she rolled down a steep hill. At the time she did not appear to be much injured, but after a few weeks her mother noticed that she was crooked, and took her to the London Orthopœdic Hospital, where she was supplied with an instrument which she wore until she was eighteen. At this age she was so much better that she ceased to wear any support. A year or two later she contracted syphilis, and was treated at the Lock Hospital.

For the last six years she had suffered from a hacking cough, and for the last six months had been losing flesh, and had suffered from occasional profuse perspirations. During the last three years her back had become very much curved and twisted, apparently from doing heavy housework. At the consultation she was seen to have an extreme form of rotatory curvature of the spine and ribs on the right side, the ribs being curved backwards in a curious way.

There was very little expansion of the chest, the measurements were:—

	Right.	Left.
Full expiration ...	14.25 inches.	... 13 inches.
,, inspiration ...	14.5 ,,	... 13.25 ,,
Percussion, anterior	Resonant.	...Very resonant.
,, posterior	Dull below mid. scap.	Resonant.

	Right.	Left.
Auscultation, anterior	Normal.	Normal.
,, posterior	Lower half coarse crep.	Normal.
Vocal resonance	Lower half almost absent.	Good.
,, fremitus ...	,,	,,

At the discussion which followed, Mr. Gerard Smith thought the deformity not unusual but extreme, the rotation severe, and the spinal mischief active and progressing, and strongly advised the re-application of the support, as otherwise the curvature would increase if left alone.

Dr. Byres Moir thought the lung mischief was very possibly syphilitic, and suggested that a course of *kali iod.* should be tried for a time to see if any improvement took place in the condition of the lung. If not, he thought *aurum iod.* 3x would be more efficacious than *arsen. iod.* which the patient had been taking.

No examination of the sputum had been made, which might have thrown some light on the subject. The tibiæ were free from pain and swelling.

Case X.—*Extreme deformity of the left wrist.*

Mr. Knox Shaw brought up this case from Barton Ward. The patient was a young woman of 18, a tailoress, who had, twelve months before, crushed her left wrist in a door and had worn splints for six months. Two weeks after the injury, against her doctor's orders and in spite of the splints, she began working again at her tailoring, and continued to do so for some months. Soon after the injury, sores appeared on the outer aspect of the arm and also on the left leg, and two small spiculæ of bone were discharged at the site of the injury.

On examination there was found to be paralysis, more or less complete, of the whole arm and shoulder, the deltoid, biceps and triceps being chiefly affected and slightly atrophied. The hand was dorsiflexed and drawn to the radial side, the radial extensors of the wrist being very tense. There was also found to be almost complete left hemi-anæsthesia, and inability to distinguish heat and cold. The left side of face and scalp and the left iliac region being unaffected. There was a history of previous disease of the larynx, for which tracheotomy had been performed, and also of hæmoptosis three years previously.

The scars on the arm and leg were thought to be tubercular, and the nerve lesion was probably an ascending neuritis, due to injury to the ulnar nerve at the wrist. The patient was undergoing a course of galvanism.

CASE XI.—*An obscure case of nerve lesion, with some symptoms of locomotor ataxia.*

Dr. Purdom sent this case up from Croydon, where it had been under his care for some time. It had improved somewhat under treatment with *belladonna, gelsemium, phosphorus, nux, phosphate of strychnine, mercurius corrosivus* and *solubilis*, and *kali bichromicum*, but latterly remained *in statu quo*.

The patient, aged 52 years, had worked for many years on the railway, but had had to give up his work on account of defective sight and weakness in the limbs.

The symptoms during the last year had been: "Lightning pains in the arms, involuntary micturition, defective sight, stuffiness of nose and spongy feeling in the mouth, with choky feelings, and salivation and gluey mucus in the mouth and nose. Vertigo; very occasionally a feeling of a tight cord round the waist; slight uncertainty of gait, the legs thrown forward rather more than usual, knee jerk about normal."

At the consultation he was found to have, in addition, slight ptosis, complete perforation of the nasal septum, with slight falling in of the bridge of the nose, the pupils unequal, both dilated and immovable. Pains in both sides of the body and limbs of a shooting character; these had first appeared in the arms, afterwards in the legs; pains in the shins, aggravated at night. He was quite able to turn himself, and walk both backwards and forwards with his eyes shut. There was some loss of patella reflex, but no ankle clonus. The diagnosis was some central nerve lesion due to syphilis, extending downwards, and the treatment advised, *kali iodid.* in material doses of gr. iii. (gr. xx. advised by Dr. Moir) three times a day, followed by *aurum iodid.* Dr. Arthur Clifton, who was present, advised the giving of Donovan's solution in ♏ v. doses, three times a day, followed by *aurum iodid.*

CASE XII.—*Multiple nodes on the hands and feet in an infant.*

Dr. Byres Moir showed this case, which was undergoing treatment in Barton Ward.

The patient was an infant of about nine months of age, who had been under observation for fourteen days.

There was no history available, but on admission, April 7, the baby was found to have a large swelling, movable, circumscribed, semi-fluctuating, and purplish white, on the back of each metacarpus and the right metatarsus. There were also similar but smaller swellings on the right elbow and right little finger; the latter has become inflamed and was suppurating.

The babe had also snuffles and profuse perspiration of the head. There was difficulty in getting the child to take food, but vomiting was absent. She cried a great deal in the day but slept well at night. *Kali iodid.* gr. ss. was given three times a day until the 18th, when it was changed for *merc. biniod* 3x gr. ii. three times a day.

On the 25th the night temperature was 101°, the previous night it was 100.4°. The lumps were rather softer. Some had come on the head which were painful. A rosealous rash, which has been noticed for some days, was spreading over the back.

The next day, April 26, the node on the right hand was rather larger, and one seemed to be coming on the lower end of the right ulnar.

At the consultation the opinion was equally divided between tubercular and syphilitic nodes. The remedy suggested was *kali iod.*, which patient had taken for ten days without appreciable effect. Patient was then taking *merc. biniod.*, which would be continued.

Since the consultation the family history has been obtained, and clearly shows the syphilitic origin of the disease. The mother had previously been healthy, and had had two healthy children and no miscarriages, but during her pregnancy with patient she had been infected with syphilis.

Case XIII.—*A case of extreme anæmia in a man.*

Dr. Byres Moir showed this case in Hahnemann Ward. The patient was a man of 22, who had been in hospital nearly three weeks. His history was as follows:

Family.—Father healthy; mother died of pleuro-pneumonia; no history of phthisis.

Personal.—Patient had never been laid up until a few weeks ago. Three years ago he was an out-patient at Charing Cross Hospital, when he suffered from pain in

the chest, with some hæmoptysis. He had suffered each winter since then from cough, with hæmoptysis and night perspirations. Five months ago patient noticed he was becoming pale, and for some eight weeks that he was losing flesh. Three weeks ago he brought up about half-a-pint of frothy blood whilst coughing. For nearly four months he had had a more or less husky voice, which had increased during the last five weeks, during which time he had been under observation as an out-patient.

On admission.—Patient was very pale, anæmic and yellowish. He suffered from dyspnœa and palpitation. The pulse was perceptible in the ulnar but not in the radial arteries. Temp. 99.2°. He had slight pain through the chest, and a slight hard, dry cough, with rusty expectoration.

On examination (April 11) the heart's apex beat could be felt in the fifth interspace, well internal to the nipple line. The heart sounds were weak, the action at times irregular; there was a presystolic mitral murmur, and the second sound was reduplicated. He suffered from cold hands and feet every winter.

The breath sounds were very weak. Voice rather husky. Spleen reaches to the eighth rib in the axilla line. Liver not enlarged. Abdomen rather tumid, but free from pain. Bowels regular, stools somewhat slate-coloured. He has acid eructations and some pain in the epigastrium.

Urine 1020°, acid, no albumen.

Prescription.—*Dig.* ϕ ɱi and *arsen.* 3x ɱi alt. 2nd h.

The next day an analysis of the blood gave:—Hæmoglobin 20 per cent. only, red blood corpuscles 1,600,000 per c.m.m. Most of the corpuscles were very small, several elongated and binuclear, some comma shaped; no megalocytes.

On the tenth day the medicines were changed for *phosph.* 3, 4 tis hor. S.

At the end of sixteen days, during which time patient had been making slow but steady progress, an analysis of the blood gave:—Red blood corpuscles 2,600,000 per c.m.m., several very large, some poikilocytosis, hæmoglobin 25 per cent.

On the 24th of April, the stools were very dark, but not black, and there were hæmorrhages into both retinæ,

specially the right, but without the sight being affected. No rusty sputum had been expectorated since the day of admission.

The consultants were divided in their diagnosis, some thought the disease pernicious anæmia, others considered it a case of incipient Addison's disease. They were, however, all agreed as to the remedy needed being *arsenicum*, either as *arsen. alb.* or *quiniæ arsenias*.

CASE XIV.—*Hæmaturia in a boy of 10 years.*

Dr. Marsh brought up this boy from his clinic for diagnosis on May 4th.

Family History.—Father used to be very subject to attacks of epistaxis, mother healthy, two other children healthy.

Personal History.—Patient was quite well until Christmas last, when he had rheumatic fever, which principally affected the hands and feet. He had previously been subject to sore throat and enlarged tonsils. His present attack began with sore throat and a scarlet rash on the legs, which his doctor said was not scarlet fever. The rash extended from the thighs downwards and on one arm, and lasted two days, when it died away and afterwards returned. At Easter patient went back to school, and soon afterwards the sore throat returned and the rash reappeared on the legs. Dr. Marsh then saw patient for the first time and examined his urine, which he found to contain blood. The doctor who saw patient at Christmas also found blood in the urine. Patient was not known to have had scarlet fever.

On admission to the hospital patient looked fairly well but was rather pale. Heart: Apex beat could be felt in the fifth interspace in the nipple line. 1st sound, mitral, a little rough. 2nd sound, very accentuated, more or less in all areas and reduplicated in pulmonary area. Liver slightly enlarged, reached more than halfway to the umbilicus. Spleen normal. No tenderness in the region of the kidneys.

There was some blotchy redness on the legs, supposed to be due to ecchymosis. The father stated that the patient had previously had some swelling of the arms, legs and feet, and at the commencement of the attack there was a purplish discoloration of the scrotum. This latter was possibly due to hæmorrhage into the scrotum and surrounding areas.

Urine was sp. gr. 1012° acid, dull greenish colour, and contained albumen and blood. The deposit contained numerous red blood corpuscles.

Consultation.—Dr. Blackley thought the case purpuric. He did not see any symptoms indicating the presence of a calculus. He withheld any suggestions as to treatment until the patient had been under observation for a longer time.

Dr. Moir considered the case one of peliosis rheumatica, of which he had seen several similar cases in the wards last year. He advised *terebinth* and *arnica*, with complete rest.

Dr. A. C. Clifton, who was present at the consultation as a visitor, advised *phosphorus* 3x and 3 for the hæmorrhagic diathesis. *Terebinth*, *hamamelis*, and other remedies which were suitable for the hæmorrhage, would not touch the dyscrasia. He had found *trillium* of great service in hæmorrhage from the kidneys.

Dr. Hardy (another visitor) considered the case one of purpura, and advised *terebinth* during the attacks of hæmorrhage and *phosphorus* or *arsenicum* for the constitutional state.

Dr. Goldsbrough (another visitor) advised *phosph.* and *sulph.*

Drs. Day and Epps thought the dietetic treatment of great importance in these cases, and advised fresh fruit and vegetables, raw meat juice and orange and lemon juice.

Case XV.—*Locomotor ataxia in a man.*

Dr. Blackley showed this case, which had been under his care in Hahnemann Ward for seventeen days. The patient was a seaman, aged 31 years, who had been exposed to great variations of temperature, and had been a hard drinker until eight years ago. He had had both syphilis and gonorrhœa. His wife had had three miscarriages. Twelve years previous he had had his feet frost-bitten, and had lost all the toes of both feet.

His present illness dated from twelve months ago, when he suffered from pains in his feet, with sensations of pins and needles and weakness in the legs.

On admission.—The plantar reflexes were both abolished, also the knee jerk. No ankle clonus. Localisation of sensation was perfect, but conduction of sensation was very much delayed. Feet felt hot to the touch, b u

patient complained of their feeling cold. Patient could not stand with his eyes shut, nor walk in the dark. Patient felt pains chiefly in a growth of nail over the base of both great toes, all the phalanges of his toes having been removed twelve years ago. He had jerking of his legs at night (but not during sleep) and sharp shooting pains, which were aggravated in wet weather. He also suffered from pain in the epigastrium extending round to each side. The bowels were regular. He frequently suffered from pain in the lower part of his back. When a boy be injured his spine lifting, and had suffered from pain in this region ever since. There was no definite girdle pain. Examination of his eyes by Mr. Knox Shaw gave:—R. and L. E. $\frac{6}{36}$, refraction hyperopic = 6 D, optic discs of good colour, no atrophy nor retinitis; pupils do not react to light but to accommodation. There was not any colour blindness.

Consultation.—Dr. Moir thought the disease due to syphilis, and advised *kali iod.* in doses of gr. x—xx. He also suggested that the disease might possibly be due to peripheral neuritis, extending upward from the nerves involved in the cicatrices.

Dr. Epps considered the disease due to syphilis. He had had a similar case, in which he had given *kali iod.* in large doses for several months, and thought this remedy would be useless. He advised *zinci phosph.* 3x.

Dr. Day advised *zinci mur.* 3x as meeting the most prominent symptoms.

Mr. Knox Shaw did not think the suggested remedies of use, as they would not remove the sclerosis, which was due to syphilis.

Dr. Blackley thought that some good could be gained in these cases from a stay at Aix la Chapelle, where, in addition to the waters, inunctions of mercurial ointment were used.

All the other medical men present agreed in the disease being syphilitic. One suggested *merc. biniod,* which he had seen given in a similar case, and in which the disease remained stationary for some years.

CASE XVI.—*An obscure case of anæmia, with bronzing of the face and neck, in a man of 53.*

Dr. Blackley showed this case, which had been under his care in Hahnemann ward for ten days.

Patient was 53, a French-polisher. He always worked

indoors, and was not exposed to sunlight or weather. He had had bronchitis and dyspepsia, and also five attacks of influenza. His present illness began three months ago, when he suffered from pains in the back of his neck and headache. He stayed in bed for a few days and soon felt better. When, after another few days, he went back to work he felt very weak, had to give up, and had done no work since. His weakness was very great for some days. At that time his face became darker, and he was told he had jaundice. He had never had a very good colour.

On admission.—Temp. 99.6°. There was marked bronzing of face and neck. The chest and back retained their natural colour. The conjunctivæ were well coloured; the finger nails rather pale. Patient complained of weakness and languor, stiffness of fingers, wrists and toes, with numbness and pins and needles.

Heart.—The action slightly irregular at times. Apex beat felt in the 5th interspace outside the nipple line. There was a blowing systolic mitral bruit at apex and over the carotid artery. The heart sounds were clear and ringing in the tricuspid area. There was some dilatation of the right ventricle, with marked pulsation in the epigastrium. The lungs were normal; the spleen reached to the seventh rib and extended in front of the anterior axilla line. The liver was somewhat enlarged. The skin was much mottled. The appetite was good. He suffered at times from pain after food in the epigastrium. Patient had only two teeth, the lower canines, which were very much decayed and suppurating around their roots. The bowels were regular; the stools varied in colour, and were sometimes clayey. Urine 1010°, pale yellow, no albumen. Urea 6½ grains to the oz.

After patient had been in the hospital two days the temperature became sub-normal. He was frequently subject to twitching in the muscles. Patient had lost two pounds in weight in the last week.

Blood.—Hæmoglobin 50 per cent., red blood corpuscles 2,360,000 per c.m.m. The average size of the corpuscles was unusually large. There was some poikilocytosis.

Consultation.—Dr. A. C. Clifton (who was present as a visitor) thought the disease was possibly due to sepsis from the suppuration around the decaying tooth fangs,

and advised local disinfectants and internally *ferr. arsen.* 2x gr. i.—iii.

Dr. Moir thought the disease due to want of teeth and sepsis. He considered the case most probably one of pernicious anæmia, and suggested *phosphorus*. He did not consider the brown tint of the skin true bronzing.

Dr. MacNish (visitor) agreed with Dr. Moir, but thought the case might possibly be one of malignant disease, and if so probably of the pancreas.

Dr. Johnstone (visitor) considered the case one of malignant disease, with in addition some disorganisation of the blood-forming organs.

Dr. Blackley thought the profound change was probably due to some malignant disease of the pancreas. He was at present giving the patient lightly-cooked sweetbreads. He agreed with Dr. Clifton that *ferr. arsen.* was the most promising remedy.

Dr. Epps thought the discoloration simple browning of the skin. He considers the case one of pernicious anæmia, and *ferr. arsen.* the most appropriate remedy.

AN ADDRESS ON CHEMISTRY IN RELATION TO PHARMACO-THERAPEUTICS AND MATERIA MEDICA.

An authorised translation of "Die Chemie in ihrem Zusammenhange mit Pharmakotherapie und Materia Medica," delivered at the Eleventh International Medical Congress on Thursday, April 5th, 1894.

By Professor B. J. Stokvis,

Foreign representative of the Dutch Government at the Congress, and Professor of Pharmacology in the University of Amsterdam.*

The Term and Scope of Pharmaco-Therapeutics.

"Therapy" or "therapeutics," by which terms we understand the art of serving the cause of humanity by assuaging human suffering and healing human ill, avails itself of every means in its power to arrive at these ends; *elle prend son bien où elle le trouve*. And the art of therapeutics, like all of us here assembled at this Eleventh International Medical Congress, has discovered

* We reproduce this Address in our pages, both for its own interest and attractiveness, and for the many side-lights it throws on questions of interest to homœopathists. To some of them we shall call attention in subsequent notes.

that all ways lead to Rome. To Rome therapeutics has come—now in the guise of electricity, now as a water cure, now as psychical influence; so that we here are able to review, as they defile like armies before us, electro-therapy, pneumo-therapy, hydro-therapy, hypnosis and psychic suggestion, and compare their merits as healing agents when placing themselves at our orders to combat disease and put death to flight. But most ancient of all the branches of medical art is that which makes use of drugs; and in the hands of the inexperienced drugs can cause death (*φαρμακεία*—the use of medicines or poisons), so that the science and art of the introduction of medicaments into the human body with the view of healing it carry with due right the appropriate title of "Pharmaco-therapeutics." And at one time pharmaco-therapeutics was the most important branch of the healing art, though in our days it has declined and occupies but a second, or perhaps, I should say, third place. For operative surgery, proud of its victories, and as admired as admirable, full of vigour and sap, has distanced the ancient branch. And, again, we see hygiene, young, fresh, lovely, and assured beforehand of all suffrages, taking its place in the front of all medical science, confident in the future success of its attempts to render the arts of healing superfluous by preventing the malady. Why, then, it may be asked, do I essay to interest you in an art which seems to be growing old under our eyes; whose past, it is true, is very honourable, but whose future hardly seems to promise the triumphs that have fallen to the lot of surgery and of hygiene. My reply is simple—because we shall not be able to dispense with this essential branch of our art; because, as much in external as internal medicamentation, we must for the present make use of pharmaco-therapeutics.

The Prime Importance of Chemistry.

The substances that we employ in medicine are composed of chemical bodies, or are, perchance, pure chemical bodies; and to understand their physiological action we must have recourse to biology and chemistry; while to appreciate their application in disease it is necessary to study pathology and therapeutics. Chemistry, in its wide sense, enables us to understand the composition, the structure, and what I would term

the affinities of a substance, as it is chemistry that enables us to analyse by tests, and to construct and reconstruct by synthesis. The relations between chemistry, on the one hand, and pharmaco-therapeutics and materia medica, on the other, are so intimate, so indissoluble, and so obvious that it almost seems to me superfluous to trouble you with their consideration. However, you will not mind, I hope, if I take the liberty of submitting to you a few points which may not be new, but which at any rate have the merit of being *apropos*, and may by thought upon them make us better appreciate chemistry. To pile stones on the top of each other is not to construct an edifice. Without a definite plan, without a general view—that is, a comprehensive conception of the whole constructive scheme—there can be no scientific edifice durably reared. Therefore, it would not be sufficient to make pharmaco-therapeutics a science to say that if it has arisen without preconceived ideas it is founded upon observations extending from the most ancient date with regard to the effects produced by the administration of certain substances to the sick; nor is it sufficient to claim that pharmaco-therapeutics has availed itself of experiments on healthy man, and on animals, and has taken into consideration physiological results and the fruits of clinical study. A sound basis of operation from which to inquire into the use of medicinal substances is required. We must know, if we would satisfy the claims of science, the mode of action of these substances, and understand how it comes about that they possess the power to produce or remove functional troubles. And it is here that chemistry comes to our aid—chemistry in general, chemistry in its largest sense. I in no way lose sight of the incomparable services of biological chemistry and physiological experiment. Who of us would overlook the assiduous and successful work of Coppola, Gracosa, Pellacano, Albertoni, and of all that young Italian school that is now marching victoriously along the route traced out for them by Fraser and Brown? The method of action of medicinal substances has been and will be rendered more clear and comprehensive by their researches; but this is not enough. The conscientious striver after truth will always find himself face to face with one problem, a problem in the solution of which lie concealed—an

inextricable secret so far—the true phenomena of life. We recognise this, for everywhere, where we are powerless to comprehend the action of medicinal substances upon the living organism as being due to their own inherent properties, we do not hesitate to call to our assistance the unknown properties of living protoplasm, and attribute the phenomena to them; but it is chemistry that should tell us that we must not be discouraged by the enigma of life. Enigma there is doubtless, but let us recall that Lavoisier first named life "a chemical function," and that—once given that the creature lives—from that point it obeys neither more nor less than dead (or material) nature the general laws of chemistry.

Vital Phenomena and their Meaning.

The familiar phrases "living force" or "vital phenomena" serve us to designate the outward expressions of condensed energy in dead material, being borrowed from the manifestations of life. In dead material, we are all aware, force can appear as thermal energy, as electricity, as light, or as mechanical expression, and we can go back along this line of transformations and see all the changes unmake themselves. In living protoplasm—considered as the unit of the psychic and reproductive functions—the essential phenomena are the same. There is the same change of *rôles*, the same production of warmth, electricity, mechanical energy, and chemical energy. We know that the living cell "reacts," as we please to term it, to variations of temperature, electricity, light, and energy, chemical and mechanical; but this irritability in the cell, this aptitude of the cell to change one form of energy for another, resembles the transformations that take place in dead material, as the stimulants of the living cell, without which the vital phenomena do not appear, are just the different forms of energy which arrive to it from its environment, and which it changes into chemical energy. For life the cell must have warmth and moisture. Take away the moisture or lower the temperature to the necessary point, and life becomes latent or disappears. In dead nature the same takes place. We are all familiar with the admirable experiments of Professor Pictet, bearing upon this point. He proved by them beyond dispute that chemical energy disap-

peared and reappeared in accordance with the temperature to which certain substances were submitted, and that water is every whit as indispensable as a proper temperature for the maintenance of the phenomena of life. Certain it is that life is a chemical function, but the point is—Is not the chemical function a sort of life?* Did not the father of medicine show a wonderful insight in counting water and fire among the four elements of which the universe is composed?

Now if we examine closer the special problems which fall within the scope of pharmaco-therapeutics, if we examine the results which follow the introduction of drugs—healing or poisonous—into the organism of man and animals, it must appear that we can never learn how to solve the problems without looking for their explanation in these "vital elements," as I may term them. The manifestations of their agency in the behaviour of the living organism have so characteristic an imprint that even Claude Bernard himself did not hesitate to place chemical and purely physical action in the comparative background. I will give examples of my meaning. How are we to understand the fact that the ingestion of infinitesimal quantities of certain substances which pass through the organism without causing in it the least change can provoke such disordered chemical actions as to occasion death? How are we to understand the fact that different parts of the organism seem to be able to distinguish these substances one from the other? We must admit special elective functions proper to the life of the cells. How are we to understand the fact that nothing but a change in the quantity of their dosage, the duration of their administration, and the method of their application suffices to make of certain toxic substances stimulants or paralysants?† How are we to understand the fact that insoluble substances like arsenic, cannabis indica, and

* We take issue with Professor Stokvis here. Life is the term by which, with common consent, the peculiar activities of animals and plants are designated. We want some word for this purpose, and "life" is understood by all as supplying it. To apply the term (save poetically, as in Virgil's "vivo saxo") to inorganic nature is simply confusing.

† Here are the activity of infinitesimal quantities, the elective affinities, and the opposite actions of large and small doses, so distinctive of homœopathic pharmacodynamics and therapeutics, recognised as undoubted facts, and only awaiting their explanation.

lead can defy that well-known axiom, *Corpora non agunt nisi soluta*, and manifest therapeutic and toxic action?* We must admit the presence and agency of some unknown power within the living cell. How, again, are we to understand the therapeutic power exhibited by solutions of iodine and bromine which have apparently been diluted to the deprivation of all chemical action, unless we attribute to the living cell the power of liberating the iodine and the bromine from such dilute solutions? Thanks to my compatriot and dear colleague at the University of Amsterdam, Professor van t'Hoff, thanks to the admirable work of Arrhenius and of Ostwald, thanks to congresses of physicians and chemists, light seems to me to be about to be shed upon all these dark places in pharmaco-therapeutics. And it has not been Mahomet who has gone to the mountain, but the mountain which has come to him. In other words the study of the chemical affinities of dead matter has revealed to us the secrets of the living cell.

The Appearance of Vital Phenomena in Certain Chemical Solutions.

We have been accustomed to regard the neutral solution of sugar or of some neutral alkaline salt in water as an inert liquid deprived of all molecular power. We know to-day that such a solution must be held to possess the same kinetic power as if the substance dissolved were present in the gaseous state. Placed in contact with other solutions it will exercise pressure according to the laws that Avagrado and Dalton have discovered for gas. It will exercise an osmotic pressure in direct proportion to its molecular weight. But this is not all. We have to remember the electrolytic phenomena of such solutions by which their kinetic power may be rendered enormous. This conception of the molecular properties of solutions is of the highest importance both in biology and in pharmaco-therapeutics. It is not by accident that life is so closely leagued, as it were, to water. It is not by accident that living organisms contain without exception

* A little farther on Professor Stokvis answers his own question, by showing that there is no real impeachment of the axiom he cites, but that a certain proportion—however small—of all these "insolubles" is dissolved. His instance there is copper, which is indeed better suited for the purpose than arsenic or lead, whose partial solubility has always been recognised; while cannabis indica is strangely included with these in the opposite category.

more water than solid properties—that they contain much more of it in proportion than any other terrestrial object of palpable and visible formation. It is not by accident that the youngest and most energetic organisms, those in which life is the most intense, are distinguished by containing the most water, while the tissues in which life is ready to expire have the least. Life has been compared to a torch. From a chemical point of view life is not only a torch—it may also be compared to a river. It is an ocean in which the molecules of the chemical substances therein constantly dissolve, constantly develop chemical, electrical, thermal, and mechanical energy, an energy whose seat is the living cell. From all of this it follows as an absolute necessity that the chemical actions which constitute vital phenomena become stimulated, troubled, or altogether upset from the moment that we introduce into the system some new complicated substances in solution, whose molecular forces are now added to those of the cellular system. We are only embarrassed what example to choose when we seek in organic and inorganic chemistries proof of this point. I only wish to name one to you which seems to me conclusive. By warming pure chlorate of potassium we obtain pure oxygen, but the presence of the smallest quantity of chloride of potassium is sufficient to change part of the oxygen into ozone. In giving rise to this development of ozone the chloride of potassium remains itself completely unaltered; but, what is more remarkable yet, this chloride of potassium itself has, like peroxide of manganese—which acts in an identical manner—the property of destroying ozone.

We find, then, here, as M. Brunck, to whom belongs the honour of having discovered the reactions, has said, a most remarkable phenomenon. We see a chemical substance, without itself appearing to undergo the least appreciable molecular change, favour the formation of a new chemical body, which, on the other hand, it has the power to destroy the moment that it is formed. There is, in fact, in the domain of organic chemistry, with no question of fermentation, a catalytic force, in considering which we have to make for dead nature a complete pendant of that which we should scarcely consider characteristic for therapeutic actions—the phenomena of excitement and paralysis, manifested by the slightest

possible quantities of one and the same substance, which itself remains unaltered. And speaking always with these phenomena before our eyes and looking on the cell as a colloid or membranous mass containing several substances, organic and inorganic, at the same time dissolved in water, there is no longer any reason to be astonished that slight changes in the quantity of one substance or the other, or that the presence in one of a body that is absent in the other, suffice perfectly to change the chemical affinities of the cells, as well as to differentiate them in such a manner that each of them seems to be endowed with an elective affinity peculiar to itself. As for the manifestation of therapeutic and toxic action by bodies considered to be insoluble, of which Naegeli in a posthumous work has made so profound a study, they are also capable of the simplest interpretation. The insolubility of these bodies is not absolute, but only relative. If we throw, for example, metallic copper into water and wait for some days, we shall find that a certain proportion of the copper has dissolved—*i.e.*, one part to seventy-seven million parts of water.* The copper dissolves in this manner without the least intervention of any living organism. In the same way it is not the vital function of the human organism which makes arsenic, cannabis indica and lead display active properties when introduced in a metallic state into the body. It is the mass of water which is the agent (for the human body may be regarded as a jug of water containing forty-five litres) and the temperature.

The view that regards the solutions of salts as mediums in which the chemical molecules are perpetually striving to assert their individuality has contributed, on the other hand, in the most efficacious manner to elucidate the action of some of the drugs that are most in use. I have particularly in my eye now the purgative and diuretic salts, the chlorates, iodides, and bromides, whose therapeutic effects are obtained upon doses that may be called massive when comparing them with the infinitesimal

* We commend this statement to two classes of persons—to those who, like Dr. Wesselhœft, deny that insolubles can become soluble after trituration to the third centesimal, as Hahnemann believed; and to those who maintain that such infinitesimals, even though attainable, are inert for good or ill. Professor Stokvis cites facts of this kind to explain how it is that the so-called insolubles can "manifest therapeutic and toxic action."

doses of which we have just spoken. Since my dear and honoured colleague of the University of Amsterdam, Professor Hugo de Vries, discovered the law of isotonic solutions, and since the admirable work of Professor Hofmeister, of Prague, and his pupils, the effects of purgative and diuretic salts have been recognised to depend uniquely upon their pure chemico-physical properties. On the other hand, we owe to the zeal and perseverance of Professor Hofmeister, of Prague, again, a series of very beautiful researches on the imbibition of salt solutions by tablets of pure agar-agar gelatine, which demonstrate to proof that all that we have hitherto considered the elective affinity of the living cell can be explained in the most natural manner in the world by its colloid condition and chemical constitution. Add to this that the quickness of chemical action, according to the interesting chemical researches of Vladinarsky, is in no way impaired by the colloid state of the medium in which the substances are placed, and you will easily arrive at a conception of the immense progress that pharmo-therapeutics has made by the agency of physical chemistry. Among the salts that I have named the iodides and bromides are also to be found. Their therapeutic effects are, I need not say, altogether specific. What is more natural than the belief that we ought to attribute the results to the iodine and bromine themselves? and we all know that some long time ago my colleague at the University of Bonn, Professor Binz, was able to demonstrate that it is the living cell which frees the iodine and bromine from solution. The fact is not, however, proved to universal satisfaction.

I should never finish my task if I tried to place before you all the points of the new view on the actions of drugs, poisonous and otherwise, whose pharmaco-therapeutics are traceable to the theories of modern chemistry. Let us glance only at the catalytic fermentative actions which take place everywhere in living protoplasm, and which without doubt play a preponderating *rôle* in the therapeutic effects of drugs. These can no longer be considered the appanage of the living cell. They also take place in dead matter.

Chemistry in Relation to Materia Medica.

If I now stop theorising it is not from fear lest anyone in this Areopagus of science should say: To what

practical good does all this tend? Evidently it is not to-day or to-morrow that the art of medicine will profit by chemistry. But all these new ideas have rendered necessary new methods of experimentation, and new methods of investigation; and a new track is now being traced by human genius, along which there is much to discover; and from the moment that the new physical methods shall have been applied to the study of drugs (all honour to M. Dreser, who has here taken the initiative in his investigation into diuresis) medical art will profit and will find in chemistry a sure and trusty guide in its efforts to serve humanity.

In speaking of chemistry in its relation to materia medica I do not employ the words materia medica in the sense in which Dioscorides used them. I employ them in their strictest and primitive sense to mean the collection of drugs and medicaments in use in our days—our *thesaurus medicaminum*. Materia medica recruits from botany, zoology, and above all from chemistry; but its immense progress of late is due to chemistry. The active principles of almost all our drugs are now known to us. They have been isolated, prepared and elaborated; the chemical constitution of their active principles is no longer a secret. We know that sugar and glucosides and aromatic oils belong to chemical groups, and are as well defined as the alkaloids derived from pyridine or chinoline. Every day the number of contumelious substances—substances which do not wish to reveal to us their secrets—grows less. Chemistry has revealed to us the presence of more than twenty alkaloids in opium, and of more than six in quinine; and it will soon be extremely difficult to name the drug, of animal or vegetable origin, in which there have not been found one or several active principles. And, going from victory to victory, chemistry has also succeeded in producing a great number of alkaloids by the synthetic manner. These have not been the exceptionally lucky strokes (*coups de maître exceptionnels*). No, the constitution and composition of other bodies that chemistry has not yet reproduced for us are already familiar to the chemist, who can transform morphine into codeine and *vice versâ*, and worthless cupreine into effective quinine. We may predict with every confidence that the manufacture by synthesis of all the known alkaloids is only a question

of time for chemistry. But the triumphal march of chemistry does not stop here: it has constructed for us new alkaloids endowed with therapeutic effects of great value; it has furnished us, *inter alia*, with apomorphine and apocodeine.

It would be unequalled ingratitude to fail to recognise the imperishable services that chemistry has rendered to materia medica in endowing it with the alkaloids and the pure active principles because there are a few black clouds on the horizon. That there are such I do not deny, but they are not wholly the fault of chemistry. Is the gunsmith responsible for the accidents that a new firearm may cause in the hands of a client who does not know how to use the weapon properly? Surely not. Why did not the purchaser take the trouble to understand the structure of the gun? Why was he not more careful? Why did he pay no attention to warnings? Why did he behave like a happy child, with nothing more important to do than to display his new acquisition to all the world and to put it to the test with the *insouciance* of youth? On the other hand, should not the gunsmith help to avoid such disasters by explaining matters to the purchaser? And if he is not himself sufficiently informed and does not thoroughly understand the mechanism of the weapon, should he have offered it for sale? Either party may be to blame. What I would convey by my parable is this: by a very pardonable illusion, to which the many physicians and some chemists have given way, it has become generally believed that the active principles of drugs, when chemistry can furnish them for us in a crystallised state, are pure chemical bodies, and that identity of name guarantees identity of chemical composition. This illusion is rapidly being dispelled, but, alas, not without having done harm to physicians and their patients. As far as the chemical purity of crystalline products is concerned, it is to-day a secret of Polichinello that crystallised quinine contains cinchonidine, that atropine contains hyoscyamine and atropamine, and that pilocarpine contains jaborandi. As much in organic as in inorganic chemistry we come across this phenomenon of mixed crystallisation. The crystallisation of substances is no guarantee of their chemical purity. These facts are sufficient to condemn entirely the new therapeutic system that M. Burggraeve

has wished to inaugurate under the name of "dosimetric medicine." Dosimetric medicine is doubly on the wrong track—first, in assuming the chemical purity of active crystallised principles of which it exclusively makes use, and secondly, in enunciating the therapeutic heresy that the administration of a single active principle is worth much more than the administration of the drug from which the active principle has been derived. I do not hesitate to describe this dosimetric profession of faith as a heresy. The drugs that are most used are admirably made compositions in which different principles, working for or against each other, are found together. Their therapeutic effect on the system is altogether different from the effect that would be obtained by adding and subtracting the therapeutic effects of each ingredient. Recent pharmaceutical researches have conclusively demonstrated this fact.* I do not wish to say too much against domestic medicine. I think it has been, on the whole, inoffensive. Alas! I cannot say as much of the unreasonable faith which leads persons to believe that similarity of name and of active principle in crystalline form will produce chemical and pharmaceutical identity. *Ingentem, regina, jubes renovare dolorem!* We all know the grievous results that may be caused by giving aconitine or digitalin derived from different sources. Here again the progress of chemistry promises improvement. The animal organism is most sensitive to stimulus, and modern chemistry has so many methods of stimulus at its disposal that the task will not be too arduous. It is a question which interests all civilised countries, which is brought forward at all medical and pharmaceutical international congresses, and which is in most urgent need of a satisfactory solution.

The Vagaries of Modern Pharmacy.

The services rendered by chemistry to therapeutics is not an exhausted subject. Certainly our predecessors already possessed a goodly medicinal treasury, but it seems very insignificant when compared with what we

* Here again Professor Stokvis brings us welcome aid. We have always protested against the substitution of alkaloids for their parent plants, and refused to relegate the latter to obscurity, believing in nature's pharmacy more than our own. Our author substantiates our instinctive and clinically-verified preference by showing its chemical warrant.

now utilise. Chemistry has loaded materia medica and pharmacology with wealth; it is the mother of new remedies, and we are proud of its aid; it has given us our anæsthetics, antiseptics, hypnotics, and antipyretics. These groups of remedies enable us to give relief in many cases where our forefathers were quite helpless. To them chloroform, ether, carbolic acid, iodoform, creosote, chloral, the salicylates and antipyrin were all alike unknown. But here again, and more so than with respect to the alkaloids, there are shadows in the picture. Chemists and chemical manufacturers add more and more to our store of remedies day by day without stint or truce, without heeding the despairing cries of physicians already overstocked with drugs. We are tempted to cry out for mercy. This is no exaggeration, for these new chemical products are all forced upon the same therapeutic market under the most attractive names, and all proclaimed aloud with the noise of most perfect advertising machinery. This is now done to an extent that, in my opinion, is detrimental to the interests of therapeutics. I am not speaking of quack remedies, the orvietana of our day, of those secret specifics which the medical man views with wholesome horror, to which, and to whose use, the old adage, *Trompeurs, Trompés, Trompettes,* can be so well applied. I am speaking of genuine well-known products; for, unfortunately, modern industrial chemistry, in manufacturing and in placing at the disposal of medical men these drugs, does not at all object to their being purchased by the general public. If this be not so, why do their proprietors select for their names the fascinating names that act as veritable flags to attract the public—for instance, anti-nervine, anti-phthisine, anti-rheumatine, anti-dysenterine, and, most expressive of all, migrainine. I fully appreciate the difficulty of finding new names for these new products, and can understand that the manufacturer would shrink from giving them the names derived from their chemical composition, for these, generally speaking, could only be pronounced with linguistic gymnastics and intolerable strain upon our memory. I must, with great regret, note that we have departed from the ancient method, which taught us to denominate new products according to their origin, and have followed freely a course of seeking for euphonious, sonorous names, proclaiming the

therapeutic use and effect of the drugs designated by them. It is not sufficient nowadays to have a good remedy—say agathine; we must be assured of its superlative excellence, hence aristol. Do you want to prescribe for a patient who is "out of sorts," you have euphorine; for a lack of appetite, you have orexine. You desire to procure sleep for him: you have hypnal, hypnon, somnal, or somniferine. You wish to lower a febrile temperature: do not let the emergency trouble you, for you have antipyrin, antifebrine, antithermine, thermomine, thermofugine, pyrodine, and thermodine. You want to assuage pain? *Eh bien*, you have awaiting your orders analgesine, analgeine, exalgine, exodyne, and neurodyne. Or you have to deal with a case of heart disease: you have cardine. Or you desire to stimulate urinary secretion: you have diuretine, pheduretine, and uropheine. To check the formation of pus there is a remedy termed pyoktanine; and to combat spasms antispasmine. I do not wish to exhaust your patience, and I will spare you the enumeration of the antiseptics, the disinfectants, the microbidines *e tutti quanto*. Ten years exactly have elapsed since my honoured colleague Professor Rossbach, of Jena, published an article full of wit and sound sense on these tendencies of modern therapeutics, and in those days we had not the long lists of antiseptic and antipyretic remedies. Nor was it then imagined that the essential extracts of the organs of animals, of which the late Professor Brown-Séquard and M. C. Paul were the earliest to explain the therapeutic value, would find a place in materia medica, nor cultures of microbes. It was not foreseen that we should have to chronicle in 1894 the sale not only of séquardine, but also of veritable bacterial products such as tuberculine, tuberculocidine, antituberculine, antitoxine, κ.τ.λ. How shall we check the fury of this flood? There seems no reason why it should come to an end.

Technical chemistry will continue, by analogical arguments from the structure of well-known bodies, to construct by synthesis new substances. These will be submitted to our judgment in the hope that they will prove more useful than our preparations in present employ. Bacteriology and all the experimental sciences will continue to search for toxines and antitoxines corresponding with each infectious disease and all

characteristic lesions of each organ. This is the duty of the chemist and bacteriologist; but we, on whom fall the responsibilities involved in our art, must not be content to modestly lower our eyelids and say with Tartuffe—

"Par de pareils objets les âmes sont alléchés,
Et cela fait venir des coupables pensées."

We must adopt a frank attitude and openly oppose such of these novelties as we do not approve of or understand.

The Over-hasty Professor.

The reason of the present situation—or imbroglio—is obvious. By the side of the chemist stands the busy practitioner, or the over-wrought professor. Both are oppressed by the sense of the insufficiency of their art; neither has the time to observe, reason, and conclude. It is the professor who publishes with railroad haste his observations and impressions, for he is ever haunted by the fear lest another should precede him in the new discovery. He it is who makes others follow, sheep-like, in the wake. He constitutes himself a bustling *impresario*, always on the look out for a new sensation, agitating himself and the public, and, finding that he has before him a fickle, unquiet, impatient audience, he hastens to deal with new subjects, if not every day, at least every week. During the year 1893 sixty-eight new chemical products have been recommended to me, this figure not being inclusive of entirely new drugs or their active principles. In each case we are told that the new product is of the very first importance, of exceptional therapeutic value, and perfectly harmless. *Fistula dulce canit volucres dum decipit auceps.* The wise man will not be taken in. He will be guided by therapeutic teaching such as that of the immortal Baglivi, the author of the pregnant phrase, "Ars tota in observatione," or by the teaching of my honoured friend Professor Semmola, delivered with all his *maestria Italiana* from his chair in the University of Naples, a university which has lately set a glorious example to Europe by proclaiming that a drug that is efficacious cannot be harmless. Nearly all new remedies have their period of success, be it but for an hour, and this is due to "suggestions" either by medical men or patients; but, with few exceptions, these panaceas are doomed to be laid aside as forgotten and antique curiosities.

The Uses of Federation.

The century in which we live is an epoch of national and international leagues. Is it not time that the physicians and chemists and, for that matter, public functionaries of the world form an international association against the abuse of new remedies? Yet as leagues are apt to do more talking than practical work, let us decide to act. Medicine, the healing art, is an applied science, and we are anthropotechnicians. It is our duty to apply all accomplished progress in natural sciences to the profit of suffering humanity, and to seek in such progress a better basis of operation or a new supply of weapons. But it is also our imperative duty to be severe towards ourselves, and never to abandon the true path, traced for us by observations and experience extending over centuries of trial. Let us, my colleagues, never forget that our master, the master of us all, the great Hippocrates, while warning us that the opportunity quickly slips by, and that life is short, taught us first of all that ART IS LONG. Do not let us be too hasty. Let us follow with respect to new therapeutic methods and new remedies the example of one of the greatest benefactors of humanity—the immortal Jenner—who patiently waited ten years before he published his discovery, deeming that it was impossible to scrutinise too carefully or control and test too fully his results, and seeing that it was only by repeating his observations and experiments that he would be able to discern the false from the possible, the possible from the probable, and the probable from the TRUTH. But all old advice is not good. Do not heed old Celsus when he says: *In ancipite morbo plus valet anceps remedium quam nullum*, for we can never foretell the intensity and extent of the reparatory forces of the diseased organisms, and we can never be too chary in introducing remedies in doubtful cases, lest we check the activity of the organs in the exercise of the defensive powers with which they have been so liberally endowed by nature; and if we do employ remedies, let us employ those that are well known; those that have been tested in every way, on the purity of which we can rely; those whose action and special characteristics have been rendered brightly manifest by the experience of many years. We must not be bigoted

advocates of ancient remedies or stubborn opponents of new remedies. We must continue to study, to examine, to observe, and to strive in every way to render firmer the foundation of therapeutic science.

REVIEWS.

The Harrogate Mineral Waters. New Analyses with Observations. By Arthur Roberts, M.D., D.P.H., &c. Harrogate: Ackrill, 1894. pp. 48.

To our number for May, 1893, the author of the pamphlet before us contributed an interesting paper describing the physiological and therapeutic action of the water supplied by the mineral springs of Harrogate. He at the same time referred to the changes in the saline constituents which recent analyses, when compared with those that were made twenty, thirty and forty years ago, had proved to have taken place in the water. In the essay now published these analyses are fully given, together with commentaries pointing out the changes which have occurred.

One fact of considerable interest brought out by the monthly analyses of Mr. Davis, F.C.S., extending over a year, is that, while the total saline constituents varied from 215.25 grains in the gallon to 180.25 grains in the well known "Magnesia Well," the quantity of sulphur in its water remained practically the same.

In the "Old Sulphur Well," the water shows a diminution of sulphuretted hydrogen and also of sodium and chlorine, while there is an increase of silica, calcium, and potassium.

In the "Strong Sulphur Well" in Montpelier gardens the water has, Dr. Roberts says, improved very much in therapeutic value. The quantity of the saline constituents has decreased from 1003.000 to 724.794. At the same time the quantity of sulphur remains practically as it was forty years ago. The barium, probably present as a chloride, has increased very much. The "mild sulphur" of the Royal Pump Room was found in 1893 to contain 235 fewer grains of chloride of sodium than it possessed in 1869. While the "mild sulphur" of the Montpellier Gardens shows an increase of 61 grains of the same salt.

The chalybeate, or chloride of iron water, has varied greatly both in the quantity and in the salt of iron contained in it. In 1820 it contained only 4.176 grains of the carbonate to the gallon, and no chloride; while in 1865 there were found 10.482 grains of carbonate and 22.014 of chloride of iron in each gallon. Again in 1881 Mr. Bothamley found 11.622 of

the former and 13.898 of the latter salt to the gallon; while in 1893 Dr. Roberts' friend could detect only 3.605 grains of the carbonate and 3.941 of the chloride of iron. The quantity of sodium chloride in the water has varied from 576.5 in 1829 to 158.84 in 1854. In 1880 analysis showed the presence of 277.561; thirteen months later, 326.060; and in 1893 Mr. Fairley found 884.385.

In thus revising our knowledge of the mineral constituents of these very popular writers, Dr. Roberts has rendered a useful service to the profession.

NOTABILIA.

OUR DUTY.

In the course of an eloquent address at the dinner, with which the Alumni Association of Hahnemann Medical College, Philadelphia, brought their 1894 *réunion* to a close, Professor Talbot, M.D., the Dean of the Medical School of Boston University, spoke of the "thankfulness, gratitude and joy" with which we should regard the fact that we are, in the *first* place, physicians. *Secondly*, that we live in times when "so much once unknown is now well understood, and when facts have largely displaced mystery." *Thirdly*, "we have special reason to be thankful that we are homœopathists."

"The advent of Hahnemann was not a mere synchronism with advancing knowledge. By his patient investigation he discovered a great and guiding principle in medicine which demolished many vague, harmful and false ideas. This has led to a complete revolution in the prevailing notions and practices of the times. So sweeping have been its changes that it is not strange that it aroused violent opposition and bitter denunciation. But through the century homœopathy, which in a word embraces the great reform in medicine, has maintained its steady progress in spite of all opposition, has spread the world over and modified and greatly changed all medical thought. 'The currents and counter-currents' have not diverted its principles, but, like the river flowing to the sea, they have swept on with steadily increasing force. The very earliest remedies of homœopathy are unchanged. *Aconite* to-day relieves the same symptoms which it has relieved through the entire century. So, too, of *belladonna*, *nux vomica*, *phosphorus*, *mercury*, *arsenicum*, *sulphur*, and, in fact, the whole materia medica; time changes not their value and efficacy.

"For all of this, and the power and influence which belongs to it, for all we are and all that has been given to us, have we not a right to be more than thankful here to-night?

"We are here as physicians, but let us not forget likewise that we are here as *homœopathic* physicians. The time has not yet come when we can cease to emphasize the great law of cure. It is not yet universally accepted. Old prejudices are still alive; the octogenarians have not all passed away, and sometimes the bitter prejudices are instilled into callow minds. Until these have subsided and the profession calmly seeks for truth alone the term homœopathy must remain a watchword for that truth."

Dr. Talbot then referred to the individual duties of physicians. After glancing at our duties to ourselves he dwelt emphatically on our duty to our profession. Public and private charitable institutions received our fostering care, but institutions which tended to improve our profession demanded more of our attention, more of our time and thought. "If," he said, "our societies are not what they ought to be, ask yourself if it is not partly your fault. Two physicians cannot come together in a friendly spirit without both being benefited. Let us cultivate the warmest friendship in the profession, and make our societies a strength instead of a weakness." He then urged the duty that the Alumni owed to their medical colleges in sustaining their reputation, helping them pecuniarily by founding new and needed departments, and interesting rich friends to contribute of their wealth to the improvement of a profession which benefits all humanity; and concluded his speech in the following words:—

"The spirit is now abroad, in this country especially, for the improvement of medical instruction. The low standard which but a few years ago the profession accepted should bring the blush of shame to our cheeks. But it should make our hearts bound with joy that the future daily brightens; that beginning in the united action of the medical colleges of our own school, sustained by the American Institute of Homœopathy, we have taken long strides in raising that standard of education.

"To us here to-night it should be our greatest joy that our own college, our own *Alma Mater*, the mother of all our homœopathic colleges, should have taken such great strides of improvement and have come to the front in the extent and thoroughness of her instruction. Long may she live and advance until she shall become the leading medical college of the world, and may we each one of us have the joy and the honour of having assisted her in her glorious triumph!"

THE PATENT MEDICINE STAMP.

The following article, from *The Chemist and Druggist* of the 9th ult., requires the careful study of all who are engaged in homœopathic pharmacy. The administration of the Patent

Medicine Stamp Acts is a mystery. It is supposed to have been clearly set forth by Mr. E. N. Alpe, of the Inland Revenue Department, in a book entitled *Handy Book of Medicine Stamp Duty*, but we were lately told by an allopathic chemist that this book was self-contradictory in parts, and generally unreliable. It has been hinted that, as the informer secures half the penalty, Inland Revenue officials find prowling about the windows of country chemists a very good way of meeting their holiday expenses, and the occupation of common informer to be one of a lucrative, if not a dignified, character! A country chemist can rarely afford the luxury of law, and commonly pays the demand of the Inland Revenue Department, however unjust (after a remonstrance, which no one takes any notice of), rather than risk more money in fighting. In giving judgment in the case, which forms the subject of criticism in this article, Mr. Justice Cave said:—"As to *nux vomica*, the schedule in the Act mentioned all tinctures to be used externally or internally. This particular drug was not vended entire; it had to be mixed or dissolved in spirit of wine." If this latter sentence had not been uttered by a judge we should have called it quibbling. And in truth the proceedings of Inland Revenue prosecutions of this kind are marked by a great deal of quibbling. For example, a chemist has been fined for exposing for sale a solution of camphor labelled

"Rubini's Camphor,"

but was told at the same time that a similar preparation labelled

"Solution of Camphor (Rubini)"

could be legally sold without a stamp.

It would seem that the Inland Revenue Department have determined so to interpret, or rather strain the Acts, as to make it impossible for vendors either of simple drugs or mixtures of drugs to give any printed information to the public as to the properties and uses of their preparations without having a Government stamp on the bottle. The stamp was formerly supposed to be paid for the privilege of keeping the composition of a preparation secret. But now, the more the public knows, or is told, about the composition, proportion, or uses of a preparation, the more necessary becomes the stamp. The ways of the Inland Revenue Department in this particular are, like those of Ah Sing, dark and mysterious!

Notwithstanding the obvious inconsistency in this action of the Department, we cannot but feel that it may not be without some advantage in checking the growing tendency of homœopathic chemists to push the sale of medicines labelled with "concise directions" for their use in a multitude of ail-

ments, in a way which can be of no use to the public, and can only bring discredit on the system which it so misrepresents. We shall be glad if good is done in this way, even if it spring out of an inconsistent and strained application of the Stamp Duty Acts.

The following is the article we have referred to:—

"Homœopathic Remedies and the Medicine-Stamp.

"According to the judgment in the recent case of Smith *v.* Mason, the sale of homœopathic medicines in the form in which they are usually put up may be rendered liable to medicine-stamp duty more easily than has hitherto been thought possible. The case against the defendants (a limited company at South Shields) was that they sold certain homœopathic tinctures made by Messrs. Barker & Barker, 26, High Holborn, E.C., and put up in the usual small cylindrical cardboard boxes. Neither the labels on the bottles nor those on the boxes contained any dutiable expressions. But they were alleged to have become liable through a price-list issued by the defendants, and obtained by the Inland Revenue officer at their shop in Durham, which contained a section thus headed:—

"Homœopathic Medicines.—The following tinctures and pilules are kept in stock. They are prepared by duly qualified homœopathic chemists, and the utmost and most scrupulous care is taken in their manufacture.

"Then followed:—

"Homœopathic Medicines. The 1s. sizes are sold for 6d., or six for 2s. 9d.

"*Uses of the principal Medicines.*

"*Aconite*: Inflammations and fevers, hard coughs, colds, palpitation of the heart.

. . . . . .

"*Belladonna*: Sore throat, frontal headache, toothache, neuralgia, scarlet fever, whooping-cough (early stage), convulsions, &c.

. . . . . .

"*Nux vomica*: Derangements of the stomach, spasms, heartburn, constipation, piles.

"At the top of the page in the price-list was printed in capital letters, 'Mason and Co.'s (Limited) Patent Medicine List.' In the box containing the bottle of tincture was enclosed, wrapped round the bottle, a leaflet relating to homœopathic medicine, and printed on it, under the heading 'Uses of the Principal Remedies,' were words identical with those published on the price-list. A bottle of tincture of *nux vomica* was the medicine on which the case was contested.

"Before the Durham magistrates Mr. Alpe argued that the wording of the price-list and leaflets constituted a holding-out and recommendation of the medicines to the public as beneficial for the prevention, cure, or relief of the ailments named, and that they were consequently liable to stamp-duty.

The Durham magistrates dismissed the case without giving any reason for so doing, and last week their decision was successfully appealed against on behalf of the Board of Inland Revenue.

"The point worthy of note in connection with this case is that what was done by the defendants, or, at least, something very similar, is done by a great many other vendors of homœopathic medicines, apparently with the sanction of the Board of Inland Revenue. All chemists are familiar with the cleverly-compiled booklets in which the various medicines are bracketed with the diseases which they fit, and some of these, at any rate, have been distinctly declared by the officials at Somerset House not to render the medicines liable to the stamp-duty. Our interviewer has seen the compilers of several of these productions, and has ascertained that they, at least, are confident that their books are not of the same character as Messrs. Mason's price-list. Possibly there is a distinction; and we presume that, if a new policy had been decided upon by the Commissioners of Inland Revenue, some sort of notice other than that of an Excise prosecution would have been given; if, however, a new policy is to be enforced, it is, it may be remarked, a direct handicapping of homœopathic remedies against those freely sold on the recommendation of allopathic writers—a consideration which homœopathic associations should take up with some energy."

A VISIT TO ITALY.

The spring time always furnishes an opportunity when many of the inhabitants of Northern Europe can make a pleasant tour to the land of the Cæsars. This year an especially large number of medical men of all nations have flocked to Italy and to the Eternal City on account of the International Medical Congress held there. From Dr. J. Cavendish Molson, of Wimbledon (whom we might not unfairly style the "travelling fellow" of our school), we have received a brief note of his visit, chiefly relating to calls he made on some of the representatives of homœopathy in the Italian peninsula. Writing of a very pleasant interview with Dr. Liberali, of Rome, and of a conversation respecting the position of homœopathy in the country, Dr. Molson says: "Dr. Liberali informed me that there is a small homœopathic hospital in Turin, containing fourteen beds. This hospital was built by private subscription, and medical and surgical cases are received there. It is the only homœopathic hospital in Italy. The medical officer in charge is Dr. Bonino, 14, Via de l'Ospedale. There are homœopathic pharmacies in Rome,

Naples and Florence, all of which I visited. This order of these towns will serve to indicate the relative value of the pharmacies (as suggested by their shop fittings!) It is right that 'the eternal city' should head the list. Moreover, she has *two* practitioners of homœopathy, Dr. Charles Ladelci being the colleague of Dr. Liberali. I did not see the former, and my butterfly visit precluded the possibility of seeing the clinical work of any of these gentlemen."

In Florence there is a gratuitous medical and surgical dispensary, which is conducted by Dr. Baldelli. This gentleman is an accomplished physician, speaking English and French, and is a diligent and painstaking student and practitioner of homœopathy. He received me very cordially. He showed great interest in the progress of homœopathic interests in England, and his knowledge of the English language enabled him to appreciate the value of the *Cyclopædia of Drug Pathogenesy*. He anxiously enquired when he might hope to see the *Index*, which he had learnt was in preparation by Dr. Hughes. Dr. Cigliano, of Naples, on whom I called, was contemporary with the late Dr. Rubini, a photograph of whom hangs in Dr. Cigliano's waiting room.

It is evident that those of us who stayed at home missed a treat and that Dr. Molson knows how to make the most of a holiday. It is a pleasure to make the acquaintance of some of our Italian colleagues, even thus at second hand, and we hope the practice of looking up foreign homœopaths by our friends when abroad will extend, and that the common interests of us all may thus be strengthened and the representatives on both sides cheered and encouraged. We wish the hospital at Turin and all the workers in Italy every success.

OBITUARY.

DR. JOHN DRUMMOND.

We much regret having to record the death of Dr. Drummond, which occurred on the 21st ult. at his residence in Malvern.

John Drummond was a native of Manchester, and in that city received both his general and professional education; there, too, he practised medicine for fully twenty years. After leaving school, he was apprenticed to the late Mr. Close, of Grosvenor Street, Manchester, one of his fellow pupils being Sir William Broadbent. He pursued his medical studies at the Pine Street School of Medicine and the Royal Infirmary,

where he was successively physician's and surgeon's resident assistant. In 1856 he was admitted a member of the Royal College of Surgeons. On leaving the Infirmary he was appointed house-surgeon at the Isle of Man Hospital and Dispensary. After occupying this post with great credit to himself and advantage to the Institution, he, in 1850, received the license of the Royal College of Physicians of Edinburgh and commenced practice in Manchester. Here he entered on the study of homœopathy, under the direction of the late Dr. Walker, with whom he worked at the Manchester and Salford Homœopathic Dispensary. Commencing practice in the Oxford Road, he shortly afterwards succeeded the late Dr. Harrison, of Higher Broughton, on his removal to Ilkley Wells. Here for fully twenty years he conducted one of the largest general practices in Manchester. Few, if any, more popular practitioners have resided in that city. His knowledge of his profession was sound and extensive, while his kindly, sympathetic nature and his readiness to spend and be spent in ministering to the needs of his patients, secured for him the confidence and affection of an unusually large circle of warm personal friends.

About fifteen years ago the strain of almost uninterrupted devotion to duty for so many years began to be felt, and compelled him to abandon general practice, at least for a lengthened period. He was advised to take a sea voyage, and, having a son in South Africa, he sailed thither, and there for several years devoted his time between practising in Kimberley or Durban and taking medical charge of coolies shipped from Madras or Calcutta to Natal by the Government Emigration service. Returning home, six or seven years since, he resolved to recommence practice, and selected Malvern as the place of his residence. Here he has since resided greatly esteemed by a small circle of warmly attached patients.

Soon after his adoption of homœopathy as the basis of his therapeutics, he published an interesting little book entitled "*Homœopathy Amongst the Allopaths*," in which, in addition to giving a clear exposition of homœopathy, he presented a collection of evidence from the standard literature of the old school, showing how frequently the opponents of homœopathy prescribed homœopathically, presenting their doing so as a strong argument in favour of their making enquiry whether similarly acting medicines might not be advantageously prescribed in many if not all cases.

In 1862, Dr. (now Sir William) Roberts published a venomous personal attack upon the medical men who were at that time practising homœopathically in Manchester addressed *ad*

populum. To this Dr. Drummond wrote a spirited and pungent reply, exposing most fully the misrepresentations in which its author had indulged. The publication of this tirade of Dr. Roberts determined Dr. Drummond, and his colleagues in Manchester, to publish a monthly journal recording illustration of practical homœopathy occurring at the Dispensary and elsewhere in and around Manchester. In this effort Dr. Drummond had the support and assistance of Dr. Blackley, senior, and the late Dr. Rayner. During the three-and-a-half years of its appearance, it maintained a thoroughly professional tone and contained some clinical material of interest and value.

At the meetings of the Northern Homœopathic Association, Dr. Drummond was a very constant attendant, and in it he served the office of President.

A year or two back Dr. Drummond's vision on one side became seriously impaired, an imperfection, which was found to be due to hæmorrhage on the retina, and this, again, was traced to arterial degeneration. Last autumn, when at Folkestone, whither he had gone for change of air, he had an apoplectic attack, followed by more or less paralysis of the right side and of the voice. This gradually increased after his return home and terminated fatally on the evening of the 21st ult.

Rarely have we met with a kinder hearted or more genial colleague, or one who, in the days of his activity, was more warmly regarded by his professional brethren than was our deceased friend, Dr. Drummond.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

THE NEW HOMŒOPATHIC DIRECTORY.

Sirs,—In view of the strong feeling expressed by many gentlemen against the admission of practitioners possessing only unregisterable degrees, we have decided to omit all such from the *Directory*. Those gentlemen who have avowedly withdrawn their names on that ground will therefore be included, and we hope any who may have withheld their names on this ground without naming it will kindly communicate with us. On receipt of a post card we shall be pleased to send a circular to any address.

We are, Gentlemen,
Yours obediently,
The Homœopathic Publishing Company.

12, Warwick Lane, E.C.
June 19th.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30. daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Communications have been received from Mr. C. KNOX SHAW, Dr. MORRISSON, THE HOMŒOPATHIC PUBLISHING CO., Dr. EPPS, Mr. G. A. CROSS, Dr. MOLSON (London); Dr. ORD (Bournemouth); Dr. NICHOLSON (Clifton); Dr. MIDGLEY CASH (Torquay); Dr. CAPPER (Liverpool); Dr. MASON (Leicester); Mrs. POTTS, Dr. WEDDELL (Sunderland); Dr. HUGHES (Brighton).

BOOKS RECEIVED.

The Bee Line Repertory. By Stacy Jones, M.D. Philadelphia: Boericke & Tafel. 1894.—*The Science of Homœopathy; or a critical and synthetical exposition of the Doctrines of the homœopathic school.* By Charles J. Hempel, M.D. Third edition. Philadelphia: Boericke and Tafel. 1894.—*The Harrogate Mineral Waters. New Analyses with Observations.* By Arthur Roberts, M.D. Harrogate: Ackrill. 1894.—*Homœopathic League Tracts: Hahnemann's Spirit of Homœopathy.* J. Bale & Sons, Great Titchfield Street, London, W.—*The Homœopathic World.* London. June.—*The Medical Times and Hospital Gazette.* London. June.—*Medical Reprints.* London. June.—*The Chemist and Druggist.* London. June.—*The Monthly Magazine of Pharmacy.* London. June.—*The Calcutta Journal of Medicine.* April.—*The North American Journal of Homœopathy.* New York. June.—*The New York Medical Record.* May and June.—*The New York Medical Times.* June.—*Childhood.* New York. June.—*The New England Medical Gazette.* Boston. June.—*The Hahnemannian Monthly.* Philadelphia. June.—*The Homœopathic Recorder.* Philadelphia. May.—*The Medical Advance.* Chicago. May and June.—*The Homœopathic Recorder.* June.—*The Medical Century.* Chicago. May and June.—*The Southern Journal of Homœopathy.* Baltimore. May.—*The Minneapolis Homœopathic Magazine.* June.—*The Medical Argus.* Minneapolis. May.—*The Homœopathic Envoy.* Lancaster, U.S.A. June.—*The Homœopathic Physician.* Philadelphia. June.—*The Journal of Orificial Surgery.* Chicago. June.—*Bulletin Générale de Thérapeutique.* Paris. June.—*Revue Homœopathique Belge.* Brussels. May.—*Rivista Omiopatica.* Rome. May and June.—*Popüllare Zeitschrift für Homöopathie.* Leipzig. June.—*La Homeopatia.* Ciudad de Mexico. May.—*Archiv. für Homöopathie.* Dresden. May.—*Homœopathisch Maandblad.* The Hague. June.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

——:o:——

SMALL-POX AND VACCINATION.

The zealous, reckless and thoughtless manner in which the assault is conducted upon the well-substantiated fact (*a*) that vaccination does to an enormous extent afford protection against an attack of small-pox, even when the influence causing an epidemic of the disease prevails in a community; (*b*) the even greater certainty that if, from any cause, a vaccinated person does contract the disease, he does so only in its mildest form, and (*c*) that death from small-pox in a vaccinated person is an exceedingly rare event; while in one, who, having been vaccinated in infancy, is revaccinated in later life, such an occurrence is extremely exceptional, and when it does happen is generally traceable to causes independent of the small-pox illness, renders it important that every opportunity which presents itself of studying the features of an epidemic should be made use of to enlighten the public regarding the relation in which small-pox stands to vaccination. The extremely carefully drawn and comprehensive report upon the epidemic of small-pox which occurred in Leicester in 1892-93, and which forms a part of the *Annual Report upon the Health of Leicester in 1893*, presented to the Town Council of the Borough by Dr. Joseph Priestley, Medical Officer of Health, furnishes us with such an opportunity, and we propose briefly to set forth the results of Dr. Priestley's obser-

vation of the methods adopted to limit the incidence of the disease.

Leicester, it must be remembered, is a town where the anti-vaccination agitators boast that they have succeeded in defying the law and in persuading people not to allow their children to be protected against small-pox to a greater extent than they have done elsewhere. The result is that the introduction of small-pox contagion into the borough finds an adult population primarily well vaccinated, though comparatively few have been re-vaccinated; while the children of these partially protected people are in an enormous proportion unvaccinated. How to prevent the dissemination of the disease under these circumstances became a problem not easy of solution. That it was so considerably solved as to restrict the number of cases to 347 in an estimated population of 184,547 was entirely due to the energy and zeal of Dr. PRIESTLEY, to whom too much praise cannot be accorded for the excellent work he has done, and the striking and admirable manner in which he has recorded it.

The introduction of the *contagion* of small-pox appears to have been due to "a tramp who, in August, 1892, entered the workhouse for a few nights, having been in lodgings in the town for a few days previously." He seems to have infected three of the persons with whom he came into contact. In addition, small-pox was introduced into the borough by eleven other tramps. Recognising the important part that tramps have been found to play in the diffusion of small-pox, not only in Leicester but throughout the country, Dr. PRIESTLEY suggests the adoption of compulsory vaccination (when required) of all tramps entering a workhouse, and the washing and disinfection of all clothing and bedding used by them before being re-distributed to others. Practical as this suggestion is, and effective as its general adoption would doubtless prove, we fear that we have too large a proportion of political faddists amongst us, who would resent so considerable an infringement upon the liberty of the poor tramp, to enable it to obtain legislative sanction. Thirteen ordinary visitors from outside infected districts were also found to be responsible for the introduction of contagion. The hospital itself was likewise a means of spreading the disease. It is a contagious diseases

hospital, and consequently receives scarlet fever cases, and 13 of these patients (all unvaccinated) contracted small-pox while in the hospital. To the neighbourhood, in which the hospital was situated, it became a very considerable source of contagion. This district is known as Newfoundpool; here, and in the hospital itself, comparatively speaking, the greatest number of cases occurred, viz., 24.4 per cent. of the whole 347. In this district the cases of small-pox notified became numerous about the middle of June, a time when the weekly average of small-pox cases was 49; while in February, when the disease did not spread into the Newfoundpool district, the average was 54. Why this immunity in February and this serious extension in June? Contact between patients, visitors, officials, &c., in the hospital may, of course, spread the disease, but this was just as likely to occur in February as in June. Dismissing, then, the idea of personal contact as an explanation, Dr. PRIESTLEY considers the part played by air-borne infection in diffusing the disease through this Newfoundpool district. His mode of enquiry is so thorough, cautious, and exact that we quote his remarks regarding it in their entirety.

"This air-borne infection may be (*a*) above ground, *i.e.*, through the atmosphere; or (*b*) under ground, *i.e.*, through the drains; and in either case it is reasonable to suppose that, taking a hospital as a centre, the cases would crop up more thickly, the nearer the houses were to that hospital. Such is the case with the infected houses in Newfoundpool.

"In considering this air-borne infection, there are many matters deserving our attention. Foremost are the accompanying meteorological conditions, *e.g.*, rainfall, temperature, direction of winds, etc.; and in considering these conditions I have been struck with the great difference as between February and June. In February the rainfall was 2·12 inches, the mean temperature low, varying from 46° to 31° F.; whilst the direction of the winds was principally west and south *i.e.*, *away from* the Newfoundpool; and the state of the weather was blue sky on nine occasions, and cloudy or overcast on 14. Whereas, in June the rainfall was .64 inches; the mean temperature high, varying from 70° to 45° F.; whilst the direction of the winds was principally north and east, *i.e.*, *right over* Newfoundpool from the hospital; and the state of the weather was blue sky on 19 occasions and cloudy or overcast on 10. Meteorological conditions,

therefore, would certainly favour the spread of germs from the hospital towards Newfoundpool during June, but not during February. The barometric pressure was low in February, high in June.

"Another way by which germs might be carried is by flies, rats, &c., and though at first blush this may seem a far-fetched theory, when examined more carefully it is not so. Some recent experiments, made by Sawtschenko, show that cholera bacilli can live in the alimentary tract of a fly, and be found alive in the excreta. He fed flies on the intestinal contents of cholera cases, and found the characteristic bacilli in their alimentary canals and excretions afterwards.* Considering the number of flies and rats we have had at the hospital (the flies we might speak of as a plague, in such quantities were they), it is easily understood how they might carry infection about—more especially during the warmth of June than during the cold of February.

"Everything, therefore, seems to favour the theory that our small-pox hospital has during part, at least, of our epidemic been a centre of infection; but the exact mode in which that infection has spread it is somewhat difficult, definitely, to decide, though, personally, I am satisfied that the air has played an important part."

Of the 85 cases which Dr. PRIESTLEY traces directly to the hospital, 55 came from houses, the nearest of which to the hospital was 620 and the farthest 1,750 feet, thus a circle of 2,000 feet radius, with the hospital as a centre, took in all these houses. The remaining 30 cases were men who came to work at the hospital and refused the vaccination offered to them; visitors; persons in quarantine at the hospital; 5 officials at the hospital who refused to be vaccinated; 13 unvaccinated† children who were being treated in the scarlet fever wards; and 6 others, somewhat beyond the 2,000 feet radius circle from the hospital.

It has been usual with the opponents of vaccination, to assert that the spread of small-pox is due to the neglect of ordinary sanitary precautions and to over-

* Other observers—Grassi, Cattani, Sizzoni and Simmonds—have shown that flies can carry on their surface bacteria, so why not the bacteria or germs of small-pox? Vide *Public Health*, May, 1893, and *Hygienisches Rundschau*, April, 1893.

† Out of 158 children who were in the hospital at the time, 84 had been vaccinated (including those whom Dr. Priestley vaccinated within 24 hours of their being sent home) and *none* sickened, whilst of 74 who were unvaccinated 13 sickened.

crowding. Dr. PRIESTLEY'S investigations have proved that there is really no connection between such neglect and the general diffusion of the epidemic. The result of his enquiries is stated by him in the following words :—

"All the houses have been visited and inspected by me, and I am able to state that, with very few exceptions, they were found to be in good condition. The Chief Inspector reports that in regard to the sanitary and cleanly state of these houses, 'with few exceptions they are found to be in good condition, and would have received no special attention had they been visited in the ordinary course of house to house inspection.'"

That the disease itself would be more virulent in persons living in filthy, overcrowded houses, we can, of course, readily believe, because of the low degree of vitality in persons passing their days and nights in so insanitary an atmosphere; but as much might be said with regard to disease in general; it is satisfactory to know that there is, in these circumstances, nothing calculated to originate small-pox, as the anti-vaccination people would have us to believe.

The population of Leicester under 10 years of age being practically unprotected against the infection of small-pox, it became the object of the Medical Officer of Health to prevent, as far as possible, those children being, or, having been so, continuing to be, exposed to its infection. The first step was to obtain prompt notification, not only of small-pox, but also of all doubtful cases. This, by the hearty co-operation of the members of the profession practising in Leicester, Dr. PRIESTLEY was able to secure. Small-pox is, of course, one of the diseases notification of which is compulsory where the Notification Act is in force, but chicken-pox, which oftentimes so closely resembles it as to render diagnosis difficult, is not included among notifiable diseases. Feeling the importance of having all cases where "spots" constituted one of the symptoms of an illness brought under his notice, Dr. PRIESTLEY issued a circular to the medical practitioners of the town, inviting their assistance by informing him of the occurrence of any such cases coming under their care. This request was cordially responded to, and proved to be of material assistance in rendering other preventive measures effectual by promptly taking the necessary steps to secure the isola-

tion and careful watching of all suspicious cases. The value of this plan of notifying all suspicious cases is seen from the fact that out of 416 such cases, 180 proved to be chicken-pox, 81 small-pox, and the remaining 155 furnished illustrations of measles, scabies, eczema, typhoid, and so on.

A case having been notified, the next step was to secure the patient's strict isolation and that his progress should be carefully watched, when, if his illness proved to be small-pox, he was at once removed to the Borough Fever Hospital, and the inmates of the infected house and others who may have come into contact with him were placed in quarantine; that is to say, remained at their own homes under certain regulations and were visited daily by the inspector for 16 days. This officer notified any case of illness amongst the quarantined persons to the Medical Officer of Health, who then visited the case and if necessary removed the patient to the hospital. Others again were quarantined in wards at the hospital set apart for this purpose. The fact of these, however, being within the same curtilage as the small-pox wards was regarded as a source of danger; consequently this consideration, together with the largeness of the number to be dealt with, led to the plan of watching the suspected people at their own homes. The infected houses were fumigated with sulphur, the clothes of the inmates stoved, and the persons themselves sent up to the hospital to have a disinfectant bath, or provided with materials to procure one at home.

Persons quarantined at their own homes received such allowances from the sub-committee as were sufficient to cover rent and maintenance, those quarantined at the hospital received (in addition to their food and lodging) enough to cover rent. While all clothes or bedding which were destroyed were replaced.

A further effort to check the spread of the disease consisted in visiting the school, or factory (or workshop) which a small-pox patient may have been attending, or at which he or she may have been at work. The school-room, or the room or rooms in which a patient may have been whilst in an infective stage, were fumigated, and the absentees from school or workshop were visited. In this way disinfection of a possibly infected building was proceeded with at the earliest possible moment of suspicion, and cases that might have been overlooked among the

other school children or operatives were brought under notice without loss of time.

Lastly, as by far the most efficient method of checking the progress of disease by rendering the individual insusceptible to the contagion, vaccination and re-vaccination were offered and performed whenever the persons had sufficient intelligence to accept the boon. In addition to those cases which came under the notice of the Medical Officer of Health, a considerable number were vaccinated by the general practitioners of the town. To ascertain the extent to which vaccination was being practised, Dr. PRIESTLEY applied by circular to the 81 medical men residing in the borough, asking for information as to the number of vaccinations and re-vaccinations that they had performed in their practices during December, 1892, January and February, 1893—*i.e.*, a period of three months, when the small-pox scare was practically at its height in Leicester.

"Fifty medical men," he writes, "replied to my circular, and from the information thus obtained, it appears that in that period of three months 212 primary vaccinations and 1,242 re-vaccinations were performed by them. As some of the medical men apparently had professional scruples about giving such a return to the Sanitary Department, or for other reasons did not send in an answer, we may fairly increase *proportionately* the above figures, more especially as only 50 out of 81 medical men replied. We may assume, therefore, that 2,000 to 3,000 vaccinations and re-vaccinations took place in Leicester even during three months of the epidemic, which has lasted 16 months. It is impossible, however, accurately to state the amount of vaccinating, during the whole time, that has taken place; but it is clearly a quantity that cannot be neglected, more especially in the annals of Leicester."

Of Dr. PRIESTLEY'S own vaccinations and re-vaccinations (exclusive of the nurses and scarlet fever patients) he says "that of 343 unprotected quarantines I only succeeded in persuading 51 (*i.e.*, 15 per cent.) to be vaccinated, and of 804 semi-protected quarantines 72 (*i.e.*, 8.9 per cent.) to be re-vaccinated. Of the former, 4 were done in the hospital and 47 outside; whilst of the latter, 1 was done in the hospital and 71 outside."

The account given of the fever hospital staff in relation to vaccination and re-vaccination is very instructive. It is as follows:—

"At the time of the small-pox outbreak at the end of 1892, our Fever Hospital staff consisted of 1 medical superintendent,

1 matron, 15 nurses, 1 cook, 8 wardmaids, 4 laundresses, 1 stoker, 1 porter and his wife—making 28 persons in all. Of these 28, 22 were 'efficiently' protected, either by a previous attack of small-pox, or by re-vaccination (including 8 whom I re-vaccinated), whilst the remaining six had only been vaccinated in infancy, and were not, therefore, 'efficiently' protected. Of these 6 'inefficiently' protected officials, all of whom refused re-vaccination, which I offered them, 5 contracted small-pox and 1 died. The only one, 'inefficiently' protected, to escape was the matron, who, of course, was not much exposed to the contagion, taking no part in the actual nursing of small-pox cases, and only entering the wards occasionally. One nurse (said to have been re-vaccinated ten years ago) suffered from a doubtful attack of modified small-pox (half-a-dozen spots in all, and these abortive), and, curiously enough, she too refused re-vaccination when I offered it her at the beginning of the outbreak. I am unable to ascertain whether or not her re-vaccination was efficiently done, the medical man who is stated to have performed it having died. Her case (if small-pox at all) would seem to point to the advisability of even re-vaccination being re-done in times of small-pox epidemics.

"During the epidemic 1892-3, there have been 12 additions to the small-pox staff, consisting of 5 nurses, 3 laundresses, 1 ward-maid, 1 stoker, 1 assistant porter, and 1 quarantine assistant. They were all re-vaccinated.*

"Thus, of 40 officials connected with our Small-pox Hospital, 6 were 'inefficiently' protected, and of these, 5 contracted small-pox and 1 died; whilst of the other 34, all of whom were 'efficiently' protected either by re-vaccination, or a previous attack of small-pox (as shown by extensive pitting), not one contracted small-pox. Comment is unnecessary; the silent testimony of such facts is a sufficient answer to all who may have their doubts as to the efficacy of re-vaccination as a preventive measure against small-pox. Indeed, with such an experience as Medical Superintendent, I made it a rule to allow no new official to be appointed unless I was satisfied that he or she had been re-vaccinated; and further, in the case of those who had to go on duty in the small-pox wards, I required them to be again re-vaccinated—*i.e.*, I only allowed them to go on duty when I was satisfied *personally* that the re-vaccination had been 'efficiently' performed. The wisdom of so doing must be acknowledged when I state that not one of these new additions to our hospital staff contracted small-pox."

* One nurse, who refused re-vaccination, was not allowed to go on duty into the small-pox wards. She left shortly afterwards, and has since been re-vaccinated in London, I am told!

Dr. PRIESTLEY'S Report furnishes us with much well analysed additional information as to the protective influence of vaccination and re-vaccination as well as of their modifying influence over the course of the disease where the protection afforded by them has been insufficient to prevent its development.

During the entire epidemic 347 cases of small-pox were dealt with; further, 1,026 persons, living in infected houses, were quarantined at their own homes, and 235 at the hospital. The following statement, compiled from a table (pp. 94 and 95) prepared by Dr. PRIESTLEY, shows the general character of the disease in the vaccinated, re-vaccinated and unvaccinated:—

ADULTS (10 years and upwards) 240—

		Mild & Very Mild.	Severe.	Very Severe.
Vaccinated ...	...176 ...	160 (aborted 140)...	16	... none
Re-vaccinated	... 14 ...	13 (aborted 13)...	1 (aborted)[1]	... none
Unvaccinated	... 48 ...	4 [2]	22	... 22
Doubtful Vaccination	2 ...		2	

CHILDREN (under 10 years of age) 107—

Vaccinated ...	... 2 ...	2 (aborted)	doubtful if small-pox at all.	
Unvaccinated	...105 ...	17 [3]	45	... 43

This table shows in a sufficiently striking manner the connection between the degree of intensity of an attack of small-pox and a vaccinated or unvaccinated condition of the patient.

From the duration of the stay in hospital of the vaccinated and unvaccinated, we gain a further insight into the degree of severity with which the two classes of patients were attacked. Thus (at p. 70) we find that "the protected (*i.e.*, vaccinated, re-vaccinated, or those previously attacked with small-pox) were 27.2 days in hospital; the unprotected (*i.e.*, unvaccinated) were 45.6 days in hospital. The treatment (medical and otherwise) was the same in all;" so that this in no way affected the duration of the disease in the two classes.

Again, the extent to which, in the two classes of patients, complications arose in the course of the illness is also significant of the degree of intensity of the disease as it occurred in each. In the vaccinated we

[1] Doubtful if ever re-vaccinated, patient stating that re-vaccination did not take.

[2] Of two very mild cases, one had had small-pox previously and the other was a doubtful case of varicella. Of two mild cases, one had been vaccinated during the stage of incubation.

[3] Of six very mild cases, five aborted, three of which were vaccinated during the stage of incubation.

find (p. 69) that complications and sequelæ were present in 24.2 per cent.; in the unvaccinated, in 64.2 per cent.

Lastly, what is the relation that the mortality from small-pox in the Leicester epidemic bore to vaccination or the want of it?

The following table (p. 102) answers this question with striking completeness:—

"During the epidemic, 1892-3, there have been 21 deaths.

21 { Under 10 years ... { vaccinated ... 0 / unvaccinated ... 15 { males 4 / females 11
21 { 10 years and over { vaccinated ... 1 (female) / doubtful as to vaccination, *i.e.*, no marks visible... 1 (male) / unvaccinated ... 4 { males 2 / females 2

"The death-rate is, therefore, 6.05 per cent., or if we subdivide as to age-periods, as follows:—

Under 10 years { vaccinated ... ... 0 per cent. / unvaccinated ... ... 14.3 ,,

10 years and over { vaccinated ... ... .5 ,, / doubtful as to vaccination, 50 ,, / unvaccinated ... ... 8.3 ,,

"There were no deaths—

(1) Among the re-vaccinated;
(2) Amongst those who had had a previous small-pox attack;
(3) Amongst the vaccinated children under 10.

"It is a noteworthy fact that of the 19 deaths amongst the unvaccinated, 16 were of a malignant or semi-malignant type, *i.e.*, were accompanied with extravasations of blood in various parts of the body, *e.g.*, skin, eyes, lungs, &c."

In reviewing the circumstances of this recent epidemic, we notice in the *first* place the *media* through which the contagion of small-pox is disseminated amongst the inhabitants of a locality. These are (*a*) tramps going from town to town. While there is such an abundant amount of evidence that vaccination and re-vaccination do reduce, at any rate to a very large extent, the liability to contract small-pox, those responsible for the management of our workhouses, where these persons spend their nights, should, as Dr. PRIESTLEY has suggested, be compelled to secure that, before they pass from under their control,

they carry with them evidence of their having been vaccinated. Emigrants to the United States are, we believe, obliged to be vaccinated, unless they bear on their arms evidence of having already undergone the operation. This is compulsory, and were it not so here it would be found to be so on the other side, as no unvaccinated emigrant is allowed to go on shore in the "land of liberty!" Surely, it is not too much to ask that our vagrant population should, as far as it is in our power, be prevented from conveying disease into our towns.*

(*b*) Visitors to patients in a small-pox hospital ought to be compelled to put on a special form of dress—one not likely to become infected—while interviewing their friends. This is already the rule in some hospitals for contagious diseases and is referred to as desirable by Dr. PRIESTLEY.

Secondly.—A hospital may itself become a centre of contagion to those residing in its immediate neighbourhood, consequently no small-pox hospital ought to be built within at least 2,000 feet of the nearest dwelling house. This Dr. PRIESTLEY's searching examination of the etiology of the Newfoundpool cases fully proves. It is not without reason, that owners of property and householders object to having an institution of this kind brought into their neighbourhood, and a municipality has, we think, no right to inflict such a risk to health and the value of property upon them as this, in order to "save the rates."

Again this Leicester epidemic has demonstrated the danger of having the different varieties of contagious fever under one roof; allowing, as it does, patients in a scarlet fever ward contracting small-pox from those suffering from that disease in an adjoining ward. During an epidemic of small-pox, a hospital receiving patients from that disease ought to be restricted to them, and all admission refused to cases of scarlatina, measles or whooping cough. Most assuredly quarantining should not be carried out in a small-pox hospital. To place persons who have been

* At a recent conference convened by the London County Council and consisting of Medical Officers of Health and representatives from Sanitary Authorities, a strict code of suggestions in regard to tramps and infectious disease was drawn up in the form of resolutions, which were carried with large majorities. One suggestion is the compulsory vaccination and re-vaccination of such tramps, &c.

exposed to infection in a centre of infection, is indeed an infringement of personal rights, compared with which compulsory vaccination is a mere bagatelle.

Thirdly.—However important—and its importance cannot be over-rated—the perfect sanitation of a house and its surroundings may be to the preservation of a high standard of health, it has been proved by Dr. PRIESTLEY, that "an unsanitary state of house drainage does not, *per se*, give rise to small-pox, even when near to a small-pox hospital!"

Fourthly.—The value of the Notification of Infectious Diseases Act, has been shown to be great, and it has also been proved to be susceptible of improvement. Through its operation the Medical Officer of Health was able to trace (not including the hospital infected cases) the source of infection in all but 17.5 per cent. of the cases that occurred; he was enabled to visit infected houses, schoolrooms and workshops, and direct their disinfection at the earliest possible moment; he was brought promptly into contact with persons who had been exposed to infection, and by at once placing them in quarantine, to secure them against becoming centres of infection. Had it not been for the anti-vaccination influence which had been brought to bear upon the population, he might, by vaccinating the quarantines at once, *i.e.*, within 48 or 36 hours of their exposure to infection, have protected them in 75 per cent. or at least 50 per cent. of instances. By being able, through the courtesy of the local practitioners, to secure the notification of all cases of "spots," he was in a position to obtain an amount of information which enabled him to take measures to prevent the extension of infection on a larger scale than a rigid adhesion to the provisions of the Act would have admitted of his doing. In short, it was the knowledge procured by early notification of disease that rendered immediate action, whether by sending into hospital, placing in quarantine, disinfecting buildings, or vaccinating or re-vaccinating persons, possible; and, by so doing, limiting the area of exposure to infection.

Fifthly.—Quarantining of persons, who have been exposed to infection, and preventing them mingling with their neighbours, has shown itself a valuable means of restricting infection. It has also been proved that this operation may be effectively carried out without remov-

ing the people from their homes, when proper regulations are enforced to ensure disinfection of the dwelling houses, clothes and persons of the quarantined, and to secure their daily visitation and inspection during the period of incubation, one which Dr. PRIESTLEY found to be uniformly of 12 to 14 days' duration.

The anti-vaccination party in Leicester assert that by conveying a patient to a hospital, by isolating his family and disinfecting his dwelling, and by quarantining persons living around him, they can hold in check an epidemic of small-pox without having resort to vaccination, which they denounce as needless, useless and injurious. That they have succeeded—with the aid of belated vaccination—on this occasion is true; but there is every probability that had vaccination amongst the children been general, instead of being, as it actually was, rare, there would have been practically no epidemic at all. We have seen that of 107 children under 10 years of age only two were vaccinated. The leading Leicester anti-vaccination agitator, in a communication to a local newspaper, flatly contradicts this. He writes: "On looking through the list I find no fewer than five vaccinated small-pox cases under 10 years." We, too, have looked through the list, and we find the following: E. K. 4, E. B. 9 months, M. G. 8—vaccinated *during the period of incubation, i.e.*, they had small-pox before they were vaccinated. Late as was the period when the protective influence of vaccination was sought, it was so far effectual that each case was "discrete," "very mild," and terminated in recovery. The statement of the anti-vaccination advocate is, therefore, to use his own words, "misleading and untruthful."

That primary vaccination does not afford a life-long protection against the infection of small-pox has been generally admitted for the last forty years, but as Dr. HILL, of Birmingham, says in his recently published *Report* on the epidemics in that city, "the protection against death lasts longer than the protection against attack." Neither of the vaccinated children under 10 years of age who contracted the disease died, while of the unvaccinated at that period of life 15 died, giving a mortality of 14.3 per cent. Above this age the mortality among the vaccinated was 0.57, amongst the unvaccinated 8.3.

The Leicester agitator thinks that the fact that only 15 unvaccinated children have died, is something to be proud of. Perhaps it is; but the fact that no child under 10, who had been vaccinated, died, suggests the thought that, if these 15 had also been vaccinated, they would have lived likewise. Further, we have seen that all the malignant cases occurred among the unvaccinated; it also appears that the duration of the illness was two thirds longer in the unvaccinated than in the vaccinated.

The Report we have examined abundantly confirms the opinion expressed by the Select Committee of the House of Commons, in their Report issued in May, 1871: "That the cow-pox affords, if not an absolute, yet a very great protection against an attack of small-pox, and an almost absolute protection against death from that disease."

HOMŒOPATHY IN BONE AND JOINT DISEASES.*

By Gerard Smith, M.R.C.S.

There is a sense in which it may be said that homœopathy tends to narrow the sphere of surgery; inasmuch as our law of therapeutics has enabled us to cure or relieve many forms of disease which are, in the orthodox school, only treated by surgical operation; I venture to say, however, that in our school, the surgeon's duty is not only that of operative interference, and that homœopathic physicians will never wish to take from their surgeons the right to treat as surgical cases such instances of disease as have always been accounted as coming under the head of surgical diseases.

Our surgeons are not at all behind those of the old school in their estimate and use of all modern and genuine advances in operative surgery, but they have in their hands a power which is denied to other surgeons, since whilst the conservative surgery in the orthodox school is attained by pure expectancy, we homœopathic surgeons are able to attain the same desirable end by the use of scientific therapeutics; and the patients we save from operations are helped to recovery by a quicker and safer route than a "do nothing" policy.

*Presented to the British Homœopathic Congress, London, June 28th, 1894.

I would go so far as to say that it is in conservative surgery that the most striking advances have been made in homœopathy; and that, if this were not the case, our claim to the possession of a therapeutic law would be greatly wanting in justification.

There is, however, a very marked difference between the surgical therapeutics (if such a term is admissible) of homœopathy, and the therapeutics of the pure physician who is also an homœopath. Whatever may be the ground which the science of pathology occupies in the physician's sphere in homœopathy, it is certain that the surgeon has to deal rather with pathological changes of structure than with subjective symptomatology. The diseases called surgical are all of them tangible and visible pathological conditions, and surgical therapeutics must be built upon pathological ground. To some here present such a foundation will seem unsatisfactory, as dealing with the gross and final symptoms, whilst omitting the finer and more mysterious symptomatology; I fear that I shall be uttering treason when I say that symptomatology built upon non-pathological lines is only acceptable when the better thing is not attainable; but I feel that this is my opinion, and, I may even say, my conviction, which is a stronger term than opinion; this is the confession of that gross materialist, and unspiritual being, a homœopathic surgeon.

In one large class of cases which come under the observation of the orthopædic surgeon—those of diseases of the joints and of bone—I do not hesitate to say that the homœopath is specially favoured. No class of cases offers so many opportunities for a wise conservatism in surgery, or a more hopeful ground for therapeutic practice. The seat and precise kind of the disease action is in these cases clearly indicated, and we possess many well-proved drugs whose pathogenesy exhibits strong pathological similarity to the various disease processes; and as a result (now, I venture to claim, well substantiated), we can show that recoveries are made in these diseases with greater rapidity, and with more perfect final results, than under the pure expectancy of the orthodox conservative surgeon.

The accusation of incompleteness often brought against "organopathy" in drug selection, cannot hold in the case of bone and joint diseases, since we know not only

the seat, but also the kind and degree of disease action in these cases, and we have a similar knowledge of many medicines. In a large majority of instances, we are dealing with an inflammatory action, seated in a definite tissue, and either purely traumatic or founded by traumatism upon a pre-existing faulty constitutional state, or the result of such a state apart from injury, the later stages which follow from such inflammatory action being definite and comparable to similar states produced by drug action.

In selecting drugs for use in diseases of bone and joints, we can gain no advantage from the somewhat vague drug symptoms which have been in many instances taken as proofs that a drug "acts upon" a joint; mere joint pains, elicited during the proving of so many drugs, have seldom or never any real pathological meaning; nor are they sufficiently definite as to the exact tissue affected to enable us to fix the place of each drug in the treatment of disease. I confess to a great dislike to that unsatisfactory use of words which we make when we say that a drug "acts upon" some part; in the cases with which I am dealing at least, it is necessary to elicit what is the tissue involved, and what the kind and degree of effect brought about by a drug.

In bone and joint diseases the mischief commences definitely in either the periosteum, the bone, or the synovial membrane; ligaments and cartilage being affected secondarily; and the immediate cause may be either traumatism or constitutional fault; most often it is traumatism acting upon a faulty constitutional state. Both the seat and kind of action and the cause must be considered in our selection of medicines.

In cases of injury to a joint not occurring in a strumous subject, we usually have more or less anxiety about the synovial membrane, whilst the tendons, ligaments and muscles may share in the trouble. I regard our great vulnerary *arnica* as having not only its great value simply on account of the cause of the disease, but as being also one of our greatest means towards securing the physiological rest of the injured part. With all the most careful application of splints and cradles, we do not carry out our duty to the patient unless *arnica* is given internally as well as externally. I have heard that it is

said that *arnica* is not to be used in cases of injury to a joint, and that *rhus* should take its place. Theoretically, perhaps, this would seem probable, but I know that the patient will generally want to go back to *arnica* again if it be changed for *rhus* under these given conditions. Our patients are often very careless about theory.

I have used, as a rule, the 1x dilution for internal administration of *arnica*. Its action may be chiefly upon the strained muscles, and not upon the joint itself, but it helps to secure rest by its action upon muscle.

Speaking still of an early stage of injury to joint, but one a little later than the *arnica* stage, when the synovial membrane, and the joint structures generally, have perhaps become inflamed; *ruta*, upon clinical grounds, and *bryony*, from pathogenesy, have usually come to my aid with good effect; but I would suggest that *rhus* will prove of value where there is a strain to the tendinous and ligamentous structures, without acute inflammation, synovial or otherwise, this is giving *rhus* a place amongst vulneraries, which I do not feel quite justified in doing; I confess that the drug has not served me well except in rather late stages tending to chronicity in sprained joints, and I think that in such circumstances I have been able to detect some genuine rheumatism as part of the trouble, when the case comes under another heading, so far as general pathological considerations are concerned.

In the presence of a confirmed and acute synovitis, *bryonia* has always come up in my mind as a drug of value, and I think that I have verified the fact that it is a medicine which helps in traumatic as in other cases of synovitis; in rheumatic cases, perhaps the higher dilutions are of more use than they are in acute traumatic cases, where lower potencies seem to act most readily.

The place of *pulsatilla* in traumatic joint troubles seems to be vague; without any exact and detailed proofs, I have gained an idea that it is in injuries to the smaller joints that *pulsatilla* helps; but this I cannot put forward as more than a suggestion.

I have mentioned *ruta*, and probably many here can support me in the opinion that when a joint has become more generally involved, with tenderness and swelling in

the neighbouring parts, including probably the periosteum, *ruta* takes its place as one of our best medicines; I have found this to be true in many cases, and am inclined to give this drug a place amongst vulneraries, for its effects are best seen in traumatic instances.

In the orthodox school, such cases as these are often treated with success by the external application of a substance which, I believe, may be said to act homœopathically. It is used on account of its supposed action upon the inflamed synovial membrane, but I think that our provings of the drug *mercury*, as well as our clinical experience, will point more to its action upon the periosteum and its power of producing osteitis. The well-known "Scotts's dressing" is the external application to which I refer. In periostitis, wherever it occurs, either traumatic or idiopathic, our *mercurius solubilis* will always be remembered with gratitude.

Acute synovitis, running on into a more chronic state, with the implication of other joint structures, especially in strumous subjects, will often yield to *kali iodid.* when other remedies fail, and in this case I am not sure that homœopathy can claim to be in evidence. I am, however, more inclined to place this drug amongst those of general constitutional remedies, and upon this ground it becomes an homœopathic remedy, especially as the good results in joint diseases can be gained with rather small doses, of about one-eighth of a grain three times daily.

As an intercurrent remedy for the pain of joint injuries, especially if that pain be distinctly due to periostitis, I have several times seen reason to use *mezereum*, but I have not proofs that this drug can really reduce the inflammatory action in the structures affected. I have used it in the low potency of 1x.

But, when our cases come under the head of disease of the bone itself, we find that our review of available drugs takes fresh directions, I do not know if I am right in supposing that in adults, as a rule, when the cancellous bone becomes diseased in connection with a joint trouble, it has been by extension from the joint, but that the tuberculous bone disease of children in the immediate neighbourhood of joints, is more often due to a primary disease in the bone, the joint becoming subsequently

involved, in any case, osteitis, or osteo-myelitis, when distinctly present, brings us to those drugs which are pathologically similars. *Phosphorus* being the first and both theoretically and practically the most applicable, its power of causing inflammation of the cancellous bone is a practical guide to its use in osteitis.

With *acid nitricum* I have seen cause to have some confidence, and mostly in strumous cases, though in syphilitic disease of the bone this drug of course takes high ground; and in osteitis occurring in children who are the victims of hereditary syphilis, no medicine will excel this *acid nitricum*. How far the so-called strumous dyscrasia is the offspring of distant syphilis, I do not think we can say, but the close similarity of certain forms of struma with hereditary syphilis gives at least some hint of a relationship between the two. Such experience as I have had has taught me that *acid nitricum* is a better remedy than is *mercurius* in these forms of bone disease.

It is, then, upon constitutional lines that *acid nitricum* will be chosen; and before proceeding to speak of the more generally well-known constitutional remedies I will just mention one which I feel always inclined to choose from the same consideration, and that is *aurum metallicum*, which, in bone diseases, I believe to be also strongly indicated if the patient be either strumous or syphilitic.

Perhaps *causticum* has not yet received the attention it should as a drug which is homœopathic specially to the strumous type; I have always kept it in reserve for trial when other and more distinctly indicated remedies seem to fail; and have at least seen benefit from it in three cases of strumous bone disease.

In cases which are tending to run a low, septic course, I should always give *arsenic;* but I need scarcely say that in such conditions the necessity for surgical interference may become imperative, indeed, the onset of septic symptoms during osteitis, would possibly be a proof that the artificial removal of septic matter had been neglected to the patient's injury; and yet, the removal by scraping of the diseased marrow and cancellous bone *when not purulent*, may generally be avoided by the use of appropriate constitutional remedies; I cannot say the same of septic and *purulent* develop-

ments; and to give free exit to pus, with proper local treatment of all cavities and sinuses, seems to me to be one of the necessary surgical operations in these cases.

The possibility of setting into circulation tuberculous foci, and producing a general tuberculisation, or the formation of deposits in parts of more vital importance than the bones, should always be present to our minds when undertaking the removal of non-purulent tuberculous deposits; a case in my own experience which illustrates this point I shall mention directly.

I have already mentioned some drugs which I have presumed to include amongst the remedies indicated by their affinities to the general constitutional traits of the patient, although they are not such as are usually so classed; I must now mention the medicines more generally regarded as distinctly the constitutional remedies, such as may be used either alone or in alternation with the other drug which the local pathological state indicates; I do not find that the indications for choice of these well-known remedies are very clear, opinions differing a great deal as to their comparative value. *Silica*, I suppose, is the most general favourite, and I do not think that any of us can doubt the great and beneficial effect of this remedy upon these cases, especially when a stage of suppuration has supervened; no cases of active bone disease in a strumous patient can be said to have been given every chance to recover unless *silica* has been given for a considerable period. In the rachitic patient I prefer *calcarea carb.*, and, as the result of evidence in favour of *hydrofluoric acid*, I have been led to use Schüssler's *calcarea fluorica* in both strumous and in rachitic patients, with some considerable encouragement. I have always wished that so insoluble a substance as is *silica* could be exhibited in some soluble form, and the only substance with which such a result could be obtained being *acid hydrofluoric*, although the adaptability of that acid to the cases would indicate its combination with *silica* as desirable, it would seem that a *fluoride of silicon* should be of value; unfortunately we cannot use this combination, it being a very unstable *gas*, and a solution of it in water being no longer *fluoride of silicon* but the *hydro-fluo-silicic acid*.

Calcarea carb. and *calcarea phos.*, the latter especially, should claim our careful attention, and with the latter I

have seen decided benefit, even when given in far too dilute a form for any claim to a mere alimentary action to be upheld, this last claim being that which induces the old school practitioners to use the many forms of lime and phosphate preparations.

I shall exhibit my ignorance when I state that *tuberculinum* has not yet appealed to my convictions with marked effect; I imagine that such a substance to be a remedy must have some specific relation to the disease, and that the only relation imaginable is that the drug contains that ptomaine which is formed by the tubercle bacillus in the blood, or under artificial cultivation; a poison which we know to be both productive of the symptoms of the disease, and also to be fatal to the bacilli at a certain stage; if such a poison is to attack the disease, I presume it must be by virtue of this fatal action upon the bacilli, and that the nosode must therefore be present in ascertainable quantity. I cannot find that any guarantee exists that the preparations we have at our disposal do contain this ptomaine; if they do so contain it in efficient amount, I should fear to use it, since it is at least probable that inflammatory activity might be set up by it in tuberculous centres, a responsibility which I hesitate to bring upon myself, whilst the introduction into the blood of very attenuated doses of a substance which is supposed to exist in large amount in connection with tuberculous disease already, can scarcely change the state of things effectively. I am obliged to confess to a want of confidence here, the result, I have little doubt, of that gross materialism so common amongst surgeons.

With regard to *hepar sulph.* I have always had reason to be pleased by the effect it produces upon suppurating cases, when the discharge has become for any reason unhealthy or thin, irritating the skin, and accompanied by a change of general condition of the patient towards additional weakness and malaise, the result of its use has been to restore the healthy nature of the pus (so far as pus can be called healthy at all).

When *hepar* fails to influence suppuration for good in this way, I have tried *sulphur*, and in one case at least have seen things greatly improve as a result.

The stages of caries and necrosis are those, of course, which are included in my remarks with regard to this

suppurating stage, and I have only one addition to suggest to their treatment so far as medicines are concerned, which is that I have the most emphatic confidence in the local use of *calendula*, applied upon dressings, and used for washing out sinuses and cavities. There is something very specific in the effect of *calendula* upon suppurating tracts and surfaces, which cannot be put down to the orthodox germ-killing powers; indeed, so far as regards suppuration, I am heretic enough to believe that many so-called antiseptics will produce their good effects in strengths far too small to be germicidal, and *carbolic acid* is one of these.

I fear that I have lost the benefits to my patients hitherto of *phytolacca*, which is so strongly recommended by our esteemed friend, Dr. Clifton. I trust that he will open such discussion as may be deemed fitting after this paper, and will give us his opinions upon this and other medicines.

Arsenicum iodid. is a drug which I have also little practical knowledge of. I think that our experience of it is mainly clinical, but there are constitutional symptoms in *iodine* and *arsenic* which would draw attention homœopathically to this combination of the two.

These suggestions for medicinal treatment have of course their bearing upon the diseases affecting the spine; not only in cases of caries of the vertebræ, but also in those less serious examples where rickets causes the column to yield, in the spine, which is a complex series of intricate joints, we have to deal with all the affections met with in other bones and joints; traumatism may start inflammation, commencing either in the periosteum, the synovial membranes, or the bone; and these primary inflammations will have each their probable appropriate medicines, the selection of which can only be made by homœopathy, and in reliance upon the pathological similarity between drug and disease; I have noticed that homœopaths, when speaking of spinal disease, seldom deal with any drugs but the constitutional medicines appropriate to either caries or rickets; if the case be clearly one of simple rickets, I quite agree that in *calcarea carb.* or *phos.* we have the proper medicine; but I claim that our duty in these cases commences long before the stage of caries arrives, in those cases

which are not rachitic, for preceding caries of the vertebræ, we have to treat either a periostitis, a synovitis, or an ostitis; it may, indeed, be extremely difficult to diagnose which of these is primarily before us; but we neglect our duty greatly if we do not at least attempt by medicinal means to prevent the further stages of caries and abscess.

All through the course of every case of caries of the spine I have usually given the constitutional remedy which has been most strongly indicated by the personal type and history of the patient; but in the early stages after injury to the spine in children, I have always proceeded precisely as if I were dealing with an injury to any other joint to the best of my ability. Amongst these remedies I have often thought of *iodine*, and the cod liver oil, so useful here, I take to be an iodised substance.

I submit to your discussion this brief summary of impressions which I have gained from such clinical experience as has fallen to my lot. To illustrate the matter by quoted cases would be difficult and tedious. I have ventured to rather put before you the results of observation, which I hold are what we want in homœopathy. I have intentionally omitted the consideration of rheumatism and gout for lack of time.

My claim in this paper is that homœopathy offers far greater opportunities of avoiding surgical operations in this class of disease than can be hoped for in any other system of medicine; and that, whilst the evacuation of pus, the removal of loosened sequestra, and, occasionally, the excision or erasion of a joint, may be forced upon us by severe conditions; yet, that the final result of medicinal treatment, combined with modern methods for securing rest to the diseased part, will, in the majority of cases, be a more complete recovery than is usually found under purely surgical methods.

I will mention one case which is instructive. A boy of 12, who, in November, 1888, fell on the pavement while running, striking his right knee violently; acute synovitis followed, the joint, after complete rest for three weeks, *aconite* and *arnica* followed by *bryonia*, apparently completely recovered soundness; but during the following month walking became painful, and the knee commenced again to swell without any rise of general

temperature at first, but with the usual "white swelling" and all the subsequent symptoms of a strumous knee-joint; the joint became very greatly swollen, and lost all the normal outlines, with the usual painful spots and general swelling round the joint; it was fixed in a poro-plastic support, the boy being confined to bed; *silica* was given steadily with occasional doses of *bryonia* for three months, when the joint had been reduced to nearly the normal size; treatment of this kind was kept to for two more months, and the movements of the knee became again fairly free, though restricted, active disease seemed at an end, and I had doubts as to the correctness of my diagnosis, since the knee scarcely seemed like one which had been affected with tuberculous disease, no doubt the joint membranes had not as yet became destroyed, and if there were any morbid deposits they were in the heads of the bones and had presumably quieted down, a period of a month then passed, the boy resting mostly on the sofa, and only walking with crutches, with the knee in a splint, and then, with no accident to account for it, unless it may have been from cold, all the former symptoms came back, but with greater severity, the same treatment again prevailed to reduce the swelling and restore the movements; but a third onset induced the parents to take the boy to a general hospital, where the knee was excised, the articular ends of the femur and tibia being found full of caseous deposits, and commencing disintegration of the joint structure in evidence; after the operation all seemed going well, and the healing proceeded in a hopeful manner, but at the end of a fortnight the boy commenced to have some symptoms which were quite new to him, he got severe headaches, which increased rapidly in severity, and were followed by convulsions. I need not go fully into the details, it will be sufficient to say that after losing sight and hearing and becoming entirely paralysed, the poor child died, and at the post mortem examination there were found a cluster of tuberculous masses at the base of the brain and in the cerebellum, with wide-spread meningitis.

I formed the opinion at the time that the operation had disturbed and set in movement the morbid deposits in the bones; this was a fatality quite out of the power of the most skilful surgeon to anticipate, and the

operation was, by all rules of modern surgery, one quite justified, but I am confident that under homœopathic treatment the operation would have been much further delayed, and possibly a final recovery might have taken place without it.

However mistaken I may be in this opinion, the case was one of great importance.

NOTE ON DINITROBENZOL.

By John M. Wyborn, F.C.S.

In view of the important position which this substance is likely to occupy in the materia medica of the future, the following note on its pharmaceutical preparation is suggested as calculated to secure the identical drug which has produced the symptoms given in the provings published in this journal, pp. 350-367 (June, 1894).

DI-NITROBENZINUM.

Present Names. — Dinitrobenzol, Dinitrobenzene. $C_6H_4(NO_2)_2$.

Prepared by treating benzol with a mixture of strong nitric and sulphuric acids, and heating until a sample of the oily layer solidifies on cooling to between 158° and 176°F. The product is poured into cold water, and afterwards collected and washed with hot water. It is then purified by recrystallisation from rectified spirit.

Characters and Tests.—In colourless or yellowish white long needles or thin rhombic tables, sparingly soluble in water, more readily soluble in alcohol and ether. Nearly inodorous. Its solution in acetone gives on the gradual addition of solution of potash (drop by drop) a reddish violet colouration, the intensity of which is increased by the further addition of the potash, and after a time becomes as dark as potassium permanganate. This colour is changed by acetic acid to dark red, and by hydrochloric acid to yellow. A mixture with potassium chlorate is a powerful explosive.

Preparations.—1. Solution in rectified spirit for 1 and upwards. 2. Trituration.

REVIEWS.

Nature's Hygiene: A systematic Manual of Natural Hygiene, containing also a detailed Account of the Chemistry and Hygiene of Eucalyptus, Pine and Camphor Forests and Industries connected therewith. By C. T. Kingzett, F.I.C., F.C.S., past Vice-President Society of Public Analysts, &c. Fourth edition. London, Baillière, Tyndall and Co. 1894.

This work is a series of essays on a variety of subjects connected with hygiene collected and formed into one volume. It deals chiefly with chemical questions, as we should expect when we remember the position of its author in the chemical world.

Chapter I. is introductory. Then follow chapters on Oxidation, Air (with a brief allusion to ventilation), Fermentation and Putrefaction, Water (with analyses), Sewage, &c. Next the author discusses the nature and causes of infectious diseases. He places intelligently and simply before the readers the position of these diseases with respect to micro-organisms. Of course we are told that where germs have any decided effect in producing disease it is chiefly through their products.

There is an interesting chapter on antiseptics and antiseptic surgery. Part I. is closed with an article on food and feeding. Part II. deals with a variety of natural antiseptics and the whole makes a very interesting, readable and useful volume. Although styled a "systematic manual," we conclude Mr. Kingzett issued the volume as dealing with only a limited part of the great subject of hygiene and its various branches.

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

The Annual Congress of British Homœopathic practitioners was held in London, on Thursday, the 28th of June. On the afternoon of the preceding day a few of the provincial members, together with some of their Metropolitan colleagues, met at the Hospital in Great Ormond Street. It had considerately been arranged that that afternoon should be set apart as a "Consultation Day," instead of Friday, the 6th of July, as had been originally fixed upon. Six or seven cases of great interest were seen, the diagnosis, prognosis and treatment of each were discussed by those present, and their conclusions noted by the Secretary. Of these cases we hope to have a report from Dr. Washington Epps, similar to that in our last number.

Suffice it here to say, that the meeting was not only interesting but instructive; we are especially glad to find that our colleagues, holding office at our central Hospital, are endeavouring to enable their less fortunately situated brethren to utilise the opportunities it presents for studying the rarer forms of disease.

After the consultations were over, and the refreshing cup of tea hospitably provided for them had been drunk, those who were present adjourned to the ground floor of the building now in course of erection for the new hospital, when Mr. Pike, the honorary architect, kindly explained the design of the building, with its drainage and sanitary arrangements, aided by the plans. We can only add, that the information he was able to give afforded much satisfaction to everyone. It is hoped that the building will be ready for occupation next summer, and that the £17,000 still wanted to complete it will not be long in collection.

The wards (taken from the Nurses Institute), at present occupied by about 40 patients, were also inspected, when their bright and cheerful appearance, and the comfortable condition reflected in the pleasant countenances of the patients, were very gratifying to witness.

On Thursday morning the members met in the Lecture Hall of the College of Organists in Hart Street, Bloomsbury. The chair was occupied by the President, Dr. J. Galley Blackley, the senior physician of the London Homœopathic Hospital, and those present, either at the Congress meetings or during the day, included Dr. D. D. Brown (Hon. Sec.), Dr. Madden (Hon. Treasurer), Drs. Dudgeon, Carfrae, Byres Moir, Clarke, Epps, Burford, E. A. Neatby, Mr. Knox Shaw, Mr. D. Wright, Mr. Spencer Cox, Drs. Roberson Day, E. Blake, Goldsbrough, Morrisson, Jagielski, Renner, Sandberg, Powell, Wheeler (senior), Wheeler (junior), Bennett, MacNish, Gould, Burwood, Newbery, Crawshaw, Richards, Messrs. Harris, Deane, Butcher, Blyth, Gerard Smith and Sanders (London); Drs. Hawkes, Ellis, Gordon, J. D. Hayward, Moore and Capper (Liverpool); Drs. J. W. Hayward, Proctor and Green (Birkenhead); Drs. Stopford and Storrar (Southport); Drs. Cash Reed and Alexander (Plymouth); Dr. Percy Wilde and Mr. Norman (Bath); Drs. G. Clifton and Mason (Leicester); Messrs. F. Shaw and Lough (Hastings); Dr. Hughes (Brighton); Dr. Gibbs Blake (Birmingham); Dr. Bryce (Edinburgh); Dr. A. C. Clifton (Northampton); Dr. Pope (Grantham); Dr. Ramsbotham (Leeds); Dr. Eubulus Williams (Bristol); Dr. Simpson Craig (Bedford); Dr. Collins (Leamington); Dr. Woodgates (Exeter); Dr. Cash (Torquay); Dr. Hayle (Roch-

dale); Dr. Douglas Moir (Manchester); Dr. Nicholson (Clifton); Dr. Johnstone (Richmond); Dr. Purdom (Croydon); Dr. C. Wolston (Chislehurst); Dr. Pincott (Tunbridge Wells); Dr. Gilbert (Reigate); Dr. Murray (Folkestone); Dr. Hall (Surbiton); Dr. Johnson (Maidstone); Dr. Roche (Norwich); Dr. Netherclift (Canterbury); Dr. Hawkes (Ramsgate); Dr. S. P. Alexander (Southsea); Dr. Ord (Bournemouth); Mr. Wilkinson (Windsor); Mr. Rowse (Putney); Mr. Finlay (Rawtenstall); Dr. Clifton (Sheffield) and Mr. Bird (Penarth).

The invited visitors included Dr. D'Espiney (Nice), Dr. Gamber (San Francisco), and a lady practitioner, Dr. Baker-Flint, of Boston. Dr. Packard, of Boston, telegraphed that illness prevented his acceptance of the invitation, and Drs. Croucher (St. Leonards), and Roberts (Harrogate), sent telegrams expressing their regret at being unable to be present.

The members of the Congress having assembled,

The President said his first and pleasant duty was to address a word of greeting to those who had taken the trouble to travel long distances for the purpose of being present, and in the name of their London colleagues to bid them a hearty welcome to the metropolis. Though their body was a small one, they made up in enthusiasm for their lack of numbers. (Applause.)

The President then proceeded to read his opening address, on *The Relation of Homœopathy to Pathology*, which appeared at page 393 of our last number.

Dr. Blackley was listened to with much interest and was frequently applauded.

Vote of Thanks.

Dr. Dudgeon, at the close of the address, said: The admirable discourse to which you have listened fully justifies the unanimity with which we elected the President to the chair at the last Congress, and I am sure you must all have profited by the words of wisdom he has spoken and the useful advice he has given us. It is a most important subject that he has chosen—the relation of homœopathy to pathology, and although he has been rather severe in his strictures upon the Repertory-makers—and I am one of the guilty parties—(laughter)—I feel that beside the infinitely valuable proposals he has made, Repertory-making sinks into insignificance. The task he has put forward for homœopathists to fulfil is a truly gigantic one, and I fear that those who are familiar with the clinical observations scattered throughout homœopathic literature will shrink in horror from the attempt to make a discriminating selection. We know that in reading the cases recorded in our journals they may

appear most accurate, but when we come to repeat the formula in our own clinical experience it is very often found wanting. How we are to distinguish the good from the bad is a point upon which our President has not been able to enlighten us. At the same time, I have no doubt that the advice he has given will sink deeply into the hearts of those present, and lead in future to some real attempt to master this difficult problem. At all events, I am sure you will all join heartily with me in a cordial vote of thanks to the President for the excellent address he has just delivered. (Applause).

Dr. J. W. HAYWARD: It is with great pleasure that I rise to second the proposal made by Dr. Dudgeon. I think the address, to which we have just listened, is one that will be calculated to improve the status of homœopathy, and to improve even the success of the practice of homœopathy. It is a very essential point that we should remember always not only the subjective symptoms, even the physiological symptoms, but really the pathology of the symptoms. When, as the President has pointed out, we find a drug that suits the pathology as well as the symptoms, then I think we can proceed with great confidence, and if we will really lay this point to heart we shall read and interpret our pathogeneses with greater assurance of success and with increased prospect for the beneficial practice of our system. (Applause).

The resolution was carried by acclamation, and the PRESIDENT having acknowledged it, called upon Dr. STAMMERS MORRISSON, of London, to read his paper on *The Dual Action of Drugs in Relation to the Dose Question*. This paper having been already published, it is unnecessary for us to reproduce it in our pages. The author's own summary of his ideas will suffice to render the following discussion intelligible.

In giving this summary at the close of his paper, Dr. Morrison said:—

"First. That the majority of drugs have a dual action, the curative indications being the correlatives of the causative effects.

"Second. That the primary effects of drugs are of more transient duration than their secondary action; and that the directly curative effects of strong doses lie in the development of the secondary action, as the primary effects pass away.

"Third. That the administration of drugs for their secondary, or specific effects necessitates the use of small doses; diseased structures being highly susceptible to the direct action of drugs.

"Fourth. That in order to obtain the full benefits of a drug-proving we should prove both the low and high

potencies, and should employ all the means which modern science has placed at our command.

"Fifth. That a sub-division of particles induced by trituration or succussion augments or develops the curative powers of many medicinal substances.

"Sixth. That such accessory measures as relieve suffering without interfering with the curative treatment are both permissible and advisable.

"Seventh. That in the matter of dosage and the preparations used there should be freedom of opinion, so long as the practitioner endeavours to carry out the homœopathic law.

"Eighth. That in general the medium potencies and lower dilutions are to be preferred for the treatment of acute disease; the higher potencies being reserved for chronic cases, and for acute symptoms dependant upon constitutional taints.

"Ninth. That the selection of medicines in accordance with their specific symptoms is a boon to the patients of the operative surgeon."

The PRESIDENT said this was an ever-green subject, and one always fruitful of discussion. He hoped such would be the case in this instance.

Dr. HAYLE (Rochdale) thought the subject under consideration was the most important one underlying homœopathic practice at the present day. He did not believe in a dual action of medicines, but he did believe in what he would term primary and secondary actions. He thought it was absurd to suppose that a medicine given in one degree of strength could act one way, and in another the opposite way. But he explained the seeming contrariety in this way. Keep on giving a medicine to a constitution or an organ, the latter became tired and resented as it were the action of the drug. If, in spite of this, the medicine was allowed to continue asserting its influence, then the secondary effects of the medicine began to be apparent. Thus the primary effects were due to reaction of the constitution, to its trying to oust the medicine, and to resist its irritating qualities; the secondary were due to paralysis of the organ, to the giving in of the system to the action of the medicine. He did not believe the medicine acted in different ways when given in different doses (hear, hear). Then there was the question whether they had a worn-out or supersensitive organ to work upon. Was the organ sensitive to the effects of the medicine, or was it to some extent in a state of paralysis? If the former, they would get the primary effects of the medicine; if the latter, those that were secondary. They must look at the state of the organ they had to treat, ascertain-

ing where the primary action ended and the secondary began. The result would vary according to the nature of the case. It was, therefore, a most complicated question, one as complicated as there were people in the universe. One person would be very sensitive to the drug; upon another it would hardly act at all. One needed more, another less. So, as regards the dose, he did not think they could draw any hard and fast rule. Sometimes one dose did good; sometimes another. It depended entirely on the case and on the medicine. If there were two medicines he was sure acted in disease, they were *sepia* and *lachesis*, and those were medicines he never used low, viz., *sepia* 6x and *lachesis* 12x or 14x. He was perfectly sure these two medicines acted powerfully in disease, in cases for which they might be suitably given. But there were other medicines in the use of which he had been driven from the higher dilutions to the lower. *Drosera* was one of these. He used to prescribe *drosera* 3, then 3x. Now he nearly always used it in mother tincture, and had had good results with it in this strength, much better than he had had with the higher potencies. Then again, in a case of vertigo with flatulence, he used *pulsatilla* 1x, and got no result, but feeling sure that it was the right medicine he altered the dose to 5x and succeeded. This occurred several times in the same patient. It so happened that he only carried *puls.* 1x in his box, and when this man got ill again with the same symptoms he gave *puls.* 1x without result, but, on once more giving 5x, a good result followed. This case showed, he thought, that they must not rely on one strength only, but vary their dose according to the circumstances of each.

Dr. J. Murray Moore, said that for years past he had been trying to explain the action of drugs in "homœopathic doses," by correlating it with some of the known laws of the physical forces. He had not yet elaborated any theory of that action which entirely satisfied his own mind from observation at the bed-side, however, he had found that if a drug was a real *similimum* to the group of disease symptoms, both pathological and symptomatic, it would cure in almost any dilution. He gave, as instances, *phosphorus* in pure uncomplicated pneumonia, (rabbits poisoned with phosphorised oats in Australia, had been found to have died from acute pneumonia); *mercurius corrosivus* in dysentery, *arsenic* in gastritis, and other examples. He quoted a remarkable case of *tabes mesenterica* in an infant of eight months, which was permanently cured by *calcarea carbonica* 200, when *calcarea carbonica* 3 absolutely failed to make any impression for good. This case was

reported in the *Monthly Homœopathic Review* for December, 1889. He placed no confidence, however, in any so-called "cures" reported by high dilutions over 200, and agreed with the President in sifting them out of any clinical collection that might be formed in accordance with his excellent suggestion. Among the many theories propounded by Sharp, Drysdale, Carroll Dunham, and others, of the dual action of drugs, he found Dr. Drysdale's, as stated in his very able paper, *On the Double and Opposite Action of Drugs*, read before the Liverpool Congress of 1877, the most ingenious, and perhaps acceptable as a "working hypothesis." Starting with "the established fact that a moderate dose of a stimulus is an excitant, and an excessive or too long continued action of the same is followed by depression and exhaustion—in fact, a state just the opposite to the former—also the fact that when the dose is from the first excessive the depressed effect will practically be alone represented," Dr. Drysdale thought those formed a reasonable basis "for the apparently double and opposite action" of drugs. He went further, and elaborated a theory of curative dose action based on Brown and Fletcher's theories. "We have first the different degrees of susceptibility to drugs, like other stimuli, possessed by different organs and parts of our complicated organism. By this means an ascending scale of effects may be produced by different doses of the same drug, and these differing widely in accordance with the specific functions of the organ affected. Many of these effects may be quite opposite in the resulting phenomena, and thus double and opposite effects may apparently lie in the absolute nature of the action of the same drug. There is, then, the necessary exhaustion which follows over-excitement of the same organ or part, producing an exactly opposite apparent result of the action of large and of small doses, as well as these two stages exhibited in the action of single doses. On these two principles can be explained all the known double and opposite actions of large and small doses." Further on, in explanation of the "cure" of inflammations, Dr. Drysdale observed that in the newer pathology opened up by the Protoplasmic Theory of Life (the lectures on which were given by their late distinguished colleague at the London Homœopathic Hospital in 1876), "the vascular and parenchymatous tissue is understood as the seat of nutritive and vital activity in general, and the *qualitative change* produced by the exciting cause of disease is always held to be of an importance equal to the *seat* in determining the specific nature of the remedy. An inflamed part is . . . . one in which the total vital process is in a state of *secondary depression* of a

specific character, even though the product of secretion or nutrition is increased in quantity. The best remedy, then, is a stimulus such as corresponds to the quality required, and just enough in quantity to bring the vital action up to the line of health. If such is given, there is no secondary depression after it, for two reasons—first, because the stimulation was not raised *beyond* the line of health, and secondly, because cure itself depends on restoration of the living matter, and that is like all vital processes, an irritation or a process to which an appropriate *stimulus* is essential. The homœopathic remedy, therefore, is presumed to be the efficient agent of the *regeneration* of the living matter of the part, and thus, so far from exhausting, as all excessive stimuli do, it actually *restored the nutrition, and finally the functional irritability* of the diseased part." Dr. Murray Moore emphasised the words and sentences which he conceived gave them the interpretation of their homœopathic cures, according to Drysdale, but he pointed out that he regarded this theory as only satisfying until a better theory which could explain even the cures by the 30th and 200th attenuations, should be propounded. He concluded by remarking that they had had many practical hints given them in the paper, and they were very pleased to see that Dr. Stammers Morrisson did not belong to any particular school or party as regards the dose, but that he took in all, and did not cast any scorn upon the use of external and local applications, which they all used, in whatever dilutions they might employ their medicines. (Applause).

Dr. Ramsbotham, after emphasising what had already been said as to the interest and importance of the subject, both from a curative and scientific aspect, passed on to disagree with Dr. Hayle, whose attitude, he said, rather seemed to be that described by Dr. Morrisson, viz., what I cannot see I never believe in. Dr. Hayle professed himself unable to understand that two different doses of a drug might have two different, or even opposite, actions. He (Dr. Ramsbotham) was sorry to say that here he parted company with Dr. Hayle entirely. With him it was a matter of individual experience, as well as persuasion, that different doses of the same drug had a different, if not, indeed, an opposite action. Dr. Hayle had enquired whether ten molecules could act in one way and twenty in another. Well, not to take any very transcendental dilutions, let him put before them *castor oil* as an example of a medicine in the use of which he had repeatedly found ten drops, or molecules of drops at any rate, act as an aperient, whereas one drop would act as a constipating agent. There they had a very clear case of contradictory action. An individual

experience of that kind was conclusive. He had risen rather to clear the ground as regards this question of the dual action of drugs; they heard so much of the primary and secondary as well as the contrary action. Were not the primary and secondary effects confined to one dose, and contrary action the results of different doses? He thought it would help to a clearer understanding of the subject if this view were taken, and he also suggested that a classification of doses, as low, medium, and higher or transcendental, would result in a great gain of distinctness and facility of comparison.

Dr. GOLDSBROUGH thought they were inaccurate in speaking of the "action" of drugs at all. What they had to consider were the physiological effects of drugs—not the action of drugs. For instance, how could a small portion of vegetable carbon be said to have any action in the human economy? It might have some chemical effect, it might have some physical molecular vibration; but how could it be said to have any action? It was the economy itself that had the action. (Applause.) It was the physiological law, the physiological facts, they had to consider as the result of the introduction of the portion of drug, so-called, and it involved some looseness of thought or reasoning to speak of the "action" of drugs. They had to get back to their physiology, and consider the physiological effects of drugs in the same way as they might consider the physiological effects of the introduction of food. Now, there was no doubt—and he need not go over the ground again—that in the physiological action of drugs they had both primary and secondary effects, but was not that a gross law which was scarcely to be taken as a guide in the final administration of drugs in disease. They knew of this gross law, that action and reaction were equal and opposite. It was a well-known physical law, but if they took it as a guide when they came to the administration of remedies they were apt to be misled. They had to get back to actual deviations from the normal, which were the physiological effects of the drug and the pathological effects of the disease. So that from what had been already said, he should be inclined very much to desire on his own part that they be more careful in describing the effects of drugs and in describing what might be termed the laws of their effects. A far more important question was raised by the President in the course of his address, one which he evidently had not time to touch upon, and that was what relation had symptomatology to pathology, and what relation had the administration of the dose of medicine to either symptomatology or pathology? That was a subject to which, as it seemed to him, they ought

to devote their attention far more than they had ever done. For instance, take the illustration of neuritis, referred to by the President. Supposing some definite change of tissue, some definite change or destruction of tissue, had taken place in a case of neuritis. How were they to accept that pathological condition as an indication of a remedy? And what relation did that precise condition bear to the symptoms which it produced? This was such a great question that one could only barely think of it in a discussion of this kind, but it was a serious one, and one to be borne in mind. The chief practical point that one would try to gather from Dr. Morrisson's paper was this: that they must not be misled into regarding a gross law of primary and secondary effects as a guide in the administration of the finer phases of the dose. (Applause.)

Dr. Dudgeon said he had been glad to perceive that in talking of the dual action of medicines Dr. Morrisson did not hold with that heretical view that large and small doses produced opposite actions. That was not his point. He talked about the dual action of medicines in the same sense as Hahnemann did of the primary and secondary action of one dose of medicine. There was no doubt Hahnemann taught that, and he also taught another action of medicines, which he called the alternate action of medicines. That seemed to be in Hahnemann's opinion different from the secondary action, because the alternative action might be considered a primary action, and used for the correspondence which they sought for in the disease and the medicinal symptoms. But Hahnemann did not only teach homœopathy, he also taught the application of medicines from a different point of view in some cases. Take camphor, for instance, Hahnemann said distinctly that in the treatment of influenza by camphor the action was palliative, and he said that the action of camphor in cholera was also palliative and anti-pathetic. On another occasion, probably in order to explain his reason for giving such large doses of camphor, he called it a microbecide—it killed the germs or organisms on which cholera depended. But upon the whole he thought Hahnemann had left the subject of the dual action of medicines rather vague and indistinct. If they looked through his Materia Medica they would find that in a number of cases he said this symptom had a curative or secondary action. But if they observed what were the particular symptoms he called curative or secondary, they did not see in the pathogenesis any reason why they should be called curative or secondary. They generally referred to moral conditions, such as if the patient taking the medicine be afflicted or blessed with hilarious spirits. He

called it always curative action or secondary action, but why it should be so called he did not explain. It seemed to him (the speaker) that the medicine might just as well produce hilarity among its symptoms as depression as a primary action. The subject was a very great one, and he did not think any practical result would be achieved by the discussion.

Dr. HUGHES, while sharing in the general expression of interest in Dr. Morrisson's paper, questioned whether it had led to a discussion of practical utility. Dr. Morrisson styled his paper, *The Dual Action of Drugs in Relation to the Dose Question*, and the first item of the abstract given on the agenda was *Hahnemann's Exposition of the Primary and Secondary Effects of Drugs*. But Dr. Morrisson had given himself so wide a field of survey that he only left five or ten minutes for the exposition of that part of it, and contented himself with a single quotation from Hahnemann. Hahnemann had said a good deal about the primary and secondary actions of drugs, and the subject had been handled in a more or less exhaustive manner by several writers—by Drs. Jousset and Frédault in France, Drs. Carroll Dunham and E. M. Hale in America, and Dr. Drysdale, Dudgeon, Sharp and others in England. If they were to discuss the subject with any practical advantage, they needed to have a wide review of all that had hitherto been said upon it. (Hear, hear.) He would prefer, therefore, to leave that point alone, and address himself to one or two practical topics suggested by Dr. Morrisson. Dr. Morrisson, as he understood him, would have them choose the higher dilutions of drugs in cases resembling their secondary effects on the healthy. He had not explained why this inference should be drawn but he had propounded it and illustrated it by two cases. He (Dr. Hughes) confessed that those cases did not appear to him to bear out that proposition. Dr. Morrisson had told them of a case in which mania was cured by *belladonna* 200, and a case of spasmodic cough in which *cina* 200 acted very promptly. But could he show them that mania was a secondary effect of *belladonna*? He (Dr. Hughes) should have said that the acute delirium *belladonna* poisoning caused was one of its primary effects, and, therefore, according to Dr. Morrisson's theory, it should have been given in a comparatively low dilution rather than a high. Again, had they any evidence that spasmodic cough was a secondary effect of *cina*? That it first depressed the larynx, caused the voice to be feeble, and prevented the patient coughing, and then, as a secondary effect, quickened the sensibility? He saw no such evidence in any pathogenesis of *cina* they had, and, therefore, he thought that in the absence of evidence here, and in face of the contrariety of

the information about *belladonna*, Dr. Morrisson's two cases went against his inference rather than in favour of it. Another conclusion Dr. Morrisson had drawn, but which seemed to him to be equally without any logical sequence, was that the higher dilutions should be given in chronic disease, but the lower dilutions in acute cases. But surely there were numerous exceptions to this rule, especially as regards chronic disease. Take cutaneous affections, for instance, which were perhaps more commonly met with as chronic diseases than as acute. Surely all the brilliant results gained with *arsenic* in the treatment of chronic skin disease had been gained with substantial doses. For example, they had nothing in the finer homœopathic therapeutics to compare with the results which Hunt gave them in his book on the skin. Yet here they had fairly substantial doses of *arsenic* given for skin disease. Dr. Morrisson further advised that in acute affections resulting from constitutional taint, they should give the higher dilutions. But take the various secondary symptoms of syphilis. Even writers like Jahr had to admit that *mercury* and its cognate medicines must be given in tolerably substantial doses here, and the latest contribution to the subject was from Dr. Oscar Hansen, who had the same partiality for the higher dilutions, but who admitted that after having given them a full trial in syphilitic affections, he had found them almost inert, and had been obliged to descend to the lower preparations. Here were two exceptions to the rule Dr. Morrisson had laid down. He would further venture to suggest to Dr. Morrisson that when he was drawing arguments from pathogenesy for a drug, he must not draw from Hering's *Condensed Materia Medica*. It was not pure pathogenesy. It was a collection of symptoms that might be useful in practice, taken from all sources—pathogenetic experiment, clinical observation, and hypothetic suggestion. It was an *olla podrida* practically useful, but not to be drawn upon for any scientific evidence. (Hear, hear.) He would only add a word as to what had been said in the discussion about the way in which drugs acted, and the impossibility of their acting in two opposite directions. He quite agreed with Dr. Hayle that it was impossible to think of drugs acting in two opposite directions, but he could not refuse to recognise, with Dr. Ramsbotham, that they sometimes appeared to do so. But then it was, as Dr. Goldsbrough had stated, that the reaction of the organism came in. It was not that the drug acted in two opposite directions, but sometimes the drug pushed the organism in a certain direction, and sometimes the organism reacted upon the drug in an opposite direction. Dr. Hayle

said he had never obtained any good result from the higher dilutions of *drosera*. Now Dr. Jousset had published 100 cases in which *drosera*, given for a tickling cough, had been proved curative. He found it act almost equally well in the third, twelfth and thirteenth dilutions, and all of these were considerably more effective than the mother tincture. (Applause).

Dr. Clark was inclined to agree that these papers on the action of drugs, though very interesting and containing a great deal of food for thought, did not get them "any forrarder." That drugs had a dual action was perfectly true, but they had more than a dual action—they had a treble and quadruple action. As yet, however, there had been no plan laid down for definitely analysing them. Take the case of *opium*. It had a sleepy virtue, but it also had a virtue of keeping some people wide awake. It did not matter to him whether he got a case that was very sleepy or very broad awake so long as the rest of the symptoms corresponded he gave *opium*. He did not ask which were primary and which secondary, and he found opium respond very readily to the indications when it was properly given. Again, he did not think Dr. Morrisson had made out a case for the high dilutions in chronic cases and the low dilutions in acute cases. He must also disagree with Dr. Hughes, when he said that in cases of syphilis they must give low dilutions. He had obtained some very successful results in syphilitic cases with high dilutions purely, and hoped some day to publish them, when Dr. Hughes would have an opportunity of criticising them. Cholera was a pretty acute kind of disease, and Dr. Gilbert would remember a case he had the pleasure of seeing with him last autumn in which *phosphoric acid* in the 30th degree was indicated, and it cured the case very thoroughly, though the patient was an old gentleman over 70, and paralysed.

Mr. Gerard Smith, thought that in spite of what Dr. Dudgeon had said, this question did come down to the old question of the opposite action of the large and small dose. It brought them to the old difficulty—what was the effect of the dose, half-way between the two extremes? If they got one action at the top of the scale, and another at the bottom, what about midway? That a person could swallow a bottle of globules of active medicine when quite well, and get no harm from it he knew; but that they could also take one or two of those globules when ill in a particular way and get well he also knew. It always seemed to him that in practice drugs had an opposite effect according to the illness or good health of the person who took them. (Laughter). They often had no effect when the person was well. As to medicinal aggravation, there were

many cases in which they saw medicinal aggravation from very high potencies. There were occasions when they were unable to visit their patient for some hours perhaps, and meanwhile he got worse, without taking any medicine. He always thought that was a very good indication of fancied aggravation from perfectly infinitesimal doses. If they did not give any medicine at all they very often found that their patient got worse. That was the highest dilution he knew of. (Laughter).

The PRESIDENT said he would not delay the Congress by making any extended remarks. He thought the discussion had been sufficiently interesting to reward Dr. Morrisson for taking the trouble to prepare and read his paper, though the subject was one which was perhaps to be more profitably treated in print than by discussion at a meeting. It was difficult to put their views into shape at a moment's notice, and yet the question was one which ought to be faced. At the same time, he quite agreed with Dr. Dudgeon that they must not confound the dual action of medicines with the dual action of doses, which was not the same thing at all. It was the dual action of medicines with which, as he took it, Dr. Morrisson meant to deal, and not the other question.

Dr. MORRISSON, in reply, said he was afraid Dr. Hayle a little misunderstood the drift of his remarks with regard to primary and secondary effects. He quoted from Hahnemann to show that the secondary effects were different, sometimes antagonistic, to the primary effects. He agreed with Dr. Ramsbotham that those were often appearances due to the conditions of the disease rather than realities. It seemed to him that the secondary effect was a carrying on very often of the primary effect, or, as he put it at first, a correlative of it. Therefore he did not think there was much disagreement on that point. Then with regard to what Dr. Goldsbrough said about the action of drugs being physiological effects, that appeared to him to be very much only another way of expressing the same thing. How were they to get at the conditions of the disease except through the symptoms? How were they to get at the conditions of the physiological effects except through the action? He thought the two went hand in hand. Then Dr. Dudgeon spoke of palliatives. He (Dr. Morrisson) mentioned that Hahnemann referred to the palliative effects in low potencies. Dr. Hughes said there was a single quotation from Hahnemann. He (Dr. Morrisson) thought it would be found on reading his paper that there were two or three references to Hahnemann, but he purposely refrained from making the references long, because he did not

think it was necessary to weary the members of the Congress with extended quotations. Hahnemann did undoubtedly deal very fully with the subject, but if they wished to deal fully with Hahnemann's idea of it they must consult his works. The subject had also been handled by others, but to go into their observations would be to prolong the proceedings to undue length. His object had been not to prepare a lengthy paper, but rather to present the members of the Congress with ideas for thought and discussion in as brief a form as possible. As regarded the primary effects of *belladonna*, his remark that he considered the secondary effects of medicines were the following up of the primary effects to his mind met that objection. Then, again, with regard to the objection about *cina*. He thought the same thing met that. As to the low potency being given in syphilis, there were a great many cases recorded in which high potencies had produced undoubted cures. That brought to his mind a case he recorded in the *Organon*,* in which he used, perhaps some would say indiscreetly, the cm. potency. It was a case of acute pain in syphilitic iritis. The pain was excessive from 2 to 5 a.m., and after carefully selecting several medicines without effect, he gave this patient the 200th potency of *syphilinum*. Repeated attacks were stopped. Eighteen months afterwards a relapse came, and two or three doses of *syphilinum* cm. permanently cured. He gave that as an illustration of what he meant by acute effects of constitutional pain. In regard to fancied aggravation from infinitesimal doses he agreed with Mr. Gerard Smith. He thought the idea of aggravation was very often largely overdone. There was a great deal of dread of aggravation, which appeared to him to be entirely unnecessary.

The discussion then terminated.

The Luncheon.

Congress adjourned for luncheon at one o'clock. The British Homœopathic Society provided a sumptuous repast in the Venetian chamber of the Holborn Restaurant, and the thanks of those visitors who were not members of the society were suitably expressed by Mr. Johnstone (Maidstone) and Mr. Wyborn (London), for their entertainment. Dr. Moir, President of the British Homœopathic Society, in response, said the Society felt honoured in being able to welcome them to London, and expressed the hope that another year all who were not lay visitors would be members of the Society.

* A defunct periodical.—Eds. *M.H.R.*

Apparatus for Treatment of Joint Diseases.

On the resumption of business at two o'clock, a demonstration was given, by Mr. Tallerman, of an apparatus for applying intense heat to an affected limb in cases of joint disease. It was explained that the idea was to have an instrument which would apply a very high degree of heat locally, a far higher degree than could be obtained in any other way. In the case of a Turkish bath, about the highest amount of heat that could be got was 180°, and the whole body was subjected to that temperature. By means of this apparatus a much greater degree of heat could be applied, and to the affected part only. In the present instance a patient suffering from chronic rheumatism placed his arm in the cylinder, and was afterwards examined by members of the Congress.

The President moved a vote of thanks to Mr. Tallerman, remarking that they had watched with interest the working of this very ingenious apparatus, and they would probably see and hear more of it.

In responding, Mr. Tallerman expressed a similar hope, and said no doubt on a future occasion he would be able to give a more complete demonstration.

The Annual Business.

Hahnemann Publishing Society.

The transaction of the formal business of the Congress took place as usual after luncheon, and began with the reading of the minutes of the last similar gathering at Northampton, which were duly confirmed. After this, Dr. J. W. Hayward read the report of the Hahnemann Publishing Society. At the meeting of that Society, held the same morning, prior to the opening of the Congress, there were present—Dr. R. Hughes (President), Dr. J. W. Hayward (Secretary), and Dr. Hawkes. The report of the meeting was as follows:—

Report of Hahnemann Publishing Society.

"The general meeting of this Society was held in the Bloomsbury Hall, London, on Thursday, June 28th; the President—Dr. Hughes—in the chair.

"The Secretary reported that since last general meeting the only work that had been published was the "Ear" chapter of the *Repertory*, copies of this have been supplied to members, to libraries and editors; to Messrs. Boericke & Tafel, of America; Messrs. Gould & Son, of London; to the Hahnemann Hospital, Liverpool; and to the London Homœopathic Hospital, as well as to some non-members. The remaining copies have been warehoused and insured at the printers, Messrs. Adlard & Son.

"The TREASURER reported a balance in favour of the Society of £5 19s. 1d.

"At the end of his report, the Secretary added that, in consequence of the state of the funds, and the evident reluctance of gentlemen to assist the Society by becoming members or purchasing its books, he had not been able to prevail upon the workers to proceed with the work they had undertaken. Our practitioners appear to prefer handbooks, epitomes and abridgments; and it would seem to have become a question whether the Society should proceed any further in the production of elaborate and standard works. For himself he was disposed to give up in despair.

"The PRESIDENT regretted the scanty attendance at this meeting, viz., only one member—Dr. Hawkes—besides the President and the Treasurer and Secretary, and admitted that this seemed to justify the Secretary's desponding conclusions. He thought, however, that the question should be: shall the Society dissolve itself and cease to exist, or shall it only suspend operations?

"In the discussion of this question the origin and purpose of the Society, viz., the production of really standard works necessary for the practitioner, but whose probably restricted circulation would not tempt ordinary publishers to undertake their production, these being especially the pure *Materia Medica*, a perfect *Repertory* or index thereto, and a collection of tested clinical indications, which are of course of essential value in our daily work, but which are not, and should not be, found in our pure *Materia Medica* or its index. This origin and purpose were reaffirmed, and maintained to be still existent. The *Materia Medica* and *Repertory* have been fairly launched, but the almost equally essential *Therapeutic* or *Clinical Index* still remains to be begun.

"The PRESIDENT therefore suggested that the Society should simply suspend operations in the meantime, and hold itself ready to publish the *Clinical Index* as soon as it has been prepared, and which he himself reaffirmed his willingness and intention to undertake as soon as he had finished the index to the *Cyclopædia of Drug Pathogenesy*.

"It was, therefore, decided that the Society shall suspend operations in the meantime, but continue to sell its publications; also, to use its funds and the balance of the advertising fund to advertise its works. The calling of the next meeting was left in the hands of the President.

"In his very excellent address, the President of the Congress—Dr. J. G. Blackley—reaffirmed the essential nature of the three principal purposes of the Society. The ceasing of its work must therefore be a matter of very serious import to our body. "JOHN W. HAYWARD, Hon. Secretary."

Mr. HARRIS said he was a fairly old member of the Hahnemann Publishing Society, and it was with some regret that he moved the adoption of this report. At the same time, he could not help feeling that one of the points which Dr. Hayward had dwelt upon, the paucity of the attendance at the meeting of the Society that morning, was in some measure due to the hour at which it was called. Their country colleagues could not be there at nine o'clock, and their London friends residing in the suburbs also found it a matter of impossibility, in face of the ties of their practice, to attend. The only support that could be expected in the shape of attendance must be drawn from the little inner circle of West End practitioners, whose residences lay within a reasonable distance. Therefore, if the Society wished for a large attendance it must alter the hour of its meeting. (Hear, hear). He had consistently and persistently supported the Society since he had been a member of the profession, and he should continue to do so, because he believed thoroughly in the work it had done, and was capable of doing, but after the somewhat gloomy prospect held out by Dr. Hayward he thought it would be well to proceed slowly for the present, and gather renewed strength for increased usefulness in the future. (Applause).

Dr. GIBBS BLAKE seconded, and said it was usually the case that when the affairs of a company were going on well the shareholders did not attend the annual meeting.

The report was adopted.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

Dr. HUGHES then read the following:—

"The Committee appointed by the British Homœopathic Congress of 1891, to organise the Fifth Quinquennial International Homœopathic Congress, present the following recommendations:—

"1. That the Congress shall assemble in London, at such time, and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the annual British Congress, and that its officers be elected at the Congress of the preceding year; the International Congress being free to elect Honorary Vice-Presidents from those foreign guests and others whom it desires to honour.

"3. That the expenses of the meeting be defrayed by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

"4. That the cost of printing the transactions be met by

a subscription of all who desire to possess a copy of the volume.

"5. That the Congress shall be open to all qualified to practise medicine in their own country.

"6. That all who attend shall present their names and addresses, and a statement of their qualifications; and, if unknown to the officers of the Congress, shall be introduced by someone known to them, or shall bring letters credential from some Homœopathic Society, or other recognised representative of the system.

"[(*a*). That members of the Congress, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.]

"7. That the Committee be authorised to enter into communication with physicians at home and abroad, to obtain (*a*) a report from each country supplementary to those presented at previous Quinquennial Congresses, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last report was presented; (*b*) essays upon the various branches of homœopathic theory and practice, for discussion at the meetings and publication in the Transactions.

"8. That all essays must be sent in by January 1st, 1896, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

"9. That the approved essays shall be printed beforehand and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

"10. That for discussion the essays shall be presented singly or in groups, according to their subject-matter, a brief analysis of each being given from the chair.

"11. That a member of the Congress, (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

"12. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

"13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

"14. That the following circular letter be printed, and sent to all editors of journals, secretaries of societies, and deans of colleges throughout the homœopathic world, soliciting their interest and co-operation.

"International Homœopathic Congress, 1896.

"To the——

"Dear Colleague,

"At the close of the Fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U.S.A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homœopathic Congress of the same year, a Committee of four of its members was appointed to co-operate with the Permanent Secretary in organising the gathering. Its first report, which is herein enclosed, has been accepted at the Congress of 1894, and the Committee, with the addition of the President of the British Homœopathic Society, re-appointed, with instructions to obtain adhesions and contributions. In pursuit of this object, we request your good offices towards interesting——in the proposed Congress, by bringing the subject before——, and also towards making it known to the homœopathists of your——in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering, both to be made good when the time comes.

"The exact date and place of meeting, with the office-bearers, &c., will be finally decided at the Congress we shall hold in September, 1895, and information thereof will be duly forwarded to you, and published in the British homœopathic journals.

"Hoping to hear from you ere long, and to find your services enlisted in the cause.

"We remain, very faithfully yours,

R. E. Dudgeon (*Chairman*),
A. Clifton,
J. W. Hayward,
A. C. Pope,
R. Hughes (*Secretary*).

"All communications to be addressed to the Permanent Secretary of the Congresses, Dr. Hughes, Brighton, England."

On the motion of Dr. Goldsbrough, seconded by Dr. Dyce Brown, the report was adopted, and on that of Dr. Blake, seconded by Dr. Madden, the Committee were re-appointed.

Mr. Knox Shaw: Would it not be wise to have one or two more?

Dr. Hughes: Large committees are very difficult to get together. We found five quite enough.

Mr. KNOX SHAW: I was going to suggest that as the British Homœopathic Society is a very powerful body, the President for the time being should be added to the Committee of the International Congress.

Dr. HUGHES: I have, of course, not the slightest objection to that, although as a matter of fact we have found that more than five was a somewhat unwieldy committee.

Dr. POPE seconded Mr. Knox Shaw's proposal, and it was agreed to.

Dr. HUGHES proposed that Mr. Knox Shaw be added to the committee. (Hear, hear.)

Mr. KNOX SHAW: I would rather not. You see I am in a rather difficult position. I don't want to be on the committee, but I wish the British Homœopathic Society to be represented through its President.

The PRESIDENT put the motion that the President of the British Homœopathic Society for the time being be added to the Committee, and it was unanimously agreed to.

PLACE OF MEETING FOR 1895.

The next item on the Agenda was the selection of a place of meeting for next year's Congress.

Dr. HUGHES proposed Cheltenham. They had gone northwards for two years, to Southport and Northampton, and now they had again come to London. Next year he thought they might go west. They had not met at Cheltenham for many years. They had an admirable representative there in Dr. Ker, who would make them very welcome, and Cheltenham was a very nice place to visit.

Dr. DUDGEON: I will second that.

Dr. POPE then submitted the claims of Leeds, pointing out that it was a long time since they held a meeting there. A strong revival of homœopathy had been taking place in Leeds within the last two years. The old dispensary had been re-opened, after having been closed for a long period, and efforts were being made to establish it on a flourishing basis. He thought that a good meeting there would encourage their colleagues in the town, and be a useful and healthy stimulus to the propagation of homœopathy in the north of England. (Applause).

Dr. DOUGLAS MOIR said he should be very pleased to second Leeds, and said they were always very glad to meet their friend Dr. Ramsbotham. Their meeting at Leeds some years ago was one of the most successful they ever had.

Dr. J. W. HAYWARD said at the last Congress they half promised to favour Dr. Neild and Tunbridge Wells. Dr. Neild was not present (a voice: "He is in Switzerland"), but he

had very great pleasure in proposing that they go to Tunbridge Wells.

Mr. HARRIS and Dr. MADDEN supported the proposal, and the latter said the votes were almost equally divided between Tunbridge Wells and London, and there was a tacit understanding that the Tunbridge Wells voters would withdraw in favour of London if the London voters would carry them to Tunbridge Wells this year.

Dr. STOPFORD also took this view. He said the northerners would prefer Leeds, but when he spoke to Dr. Neild after the last Congress, he seemed quite to assume that Tunbridge Wells would be the next place visited.

Dr. CAPPER said meetings in places like Tunbridge Wells were inconvenient to the majority of the members, and it seemed to him that the wisest course was to select the place most easily accessible to the greater number of members. The idea of holding the Congress every second year in London was a very good one, but apart from that he thought that if all the meetings were held in three or four large centres it would be much better than going into out of the way districts. For instance there were Leeds, Liverpool, Manchester, Birmingham and London. They had much better attendances in those places than in smaller towns less easy to get at.

Dr. A. C. CLIFTON said they ought to bear in mind the effect of these Congresses on the places visited. (Hear, hear.) They had a very stimulating effect on the men who were isolated in those smaller towns. He would not by any means shut out the larger centres, but he felt that the successful meeting they had at Northampton last year had the effect of backing him up and extending the influence of homœopathy. In the larger centres they were lost, and the same effect was not produced. At the same time, he felt that their northern colleagues attended these Congresses well and ought to be considered.

Dr. BURFORD had no recollection of any understanding that they should go to Tunbridge Wells next year. Dr. Hughes was good enough to say that Tunbridge Wells would be considered on its merits, but there was no tacit understanding, direct or indirect, that Tunbridge Wells should have the first claim on their affections. He thought it would be only right and proper to consult either Dr. Neild or Dr. Pincott before favouring them with a Congress which they might not feel able to entertain, and as they had no direct message from them on this occasion, it seemed to him that Tunbridge Wells was rather out of the running.

Dr. MURRAY said he parted with Dr. Pincott the previous night at Charing Cross, and the question they were now discussing was a subject of conversation between them. Had Dr. Pincott been able to attend, he would no doubt have renewed the invitation given last year. He did not think that the fact of that invitation not being formally repeated need hinder them in voting for Tunbridge Wells. What Dr. Clifton had said with regard to the Northern men was fully deserved, and if they could come to London it would not be a great stretch for them to go another thirty miles to Tunbridge Wells.

Dr. COLLINS ventured to suggest Leamington. If places were to be considered on their merits, he thought Leamington was *par excellence* one of the best places they could go to. Not only would they meet with a hearty welcome from the local medical men, but they would have a most beautiful climate and lovely scenery—in fact, it was the Garden of Eden. (Laughter).

Mr. HARRIS said he would like to draw the attention of the Congress to their past experience. He was quite in accord with all Dr. Clifton had said as to the influence of these Congresses on the places visited, but he thought Dr. Clifton would bear him out when he said that they had not met with very encouraging results when they had gone to small places lying out of easy reach. The Congress came to a decision some years ago to have meetings in London alternately with meetings in some other large centre, on account of the difficulty of getting men to go to the outlying towns. Notwithstanding this, he should support Tunbridge Wells this time, because he did feel that they were pledged. Tunbridge Wells had been before them on more than one occasion; but unless they could establish greater *esprit de corps*, he was afraid they would not have very successful Congresses unless they kept to the great centres.

Dr. RAMSBOTHAM said if there were any tacit understanding, or understanding of any kind, that they should go to Tunbridge Wells next year, he would have nothing to say, but if there was a possibility of choice he really would support Leeds. He could assure them of a hearty welcome there, and as there would be a good deal of important business to transact in connection with the International Congress, the accessibility of Leeds would make it a convenient centre.

A division was then taken, when 88 votes were given for Leeds, as against rather less than half that number for Tunbridge Wells, and a few only for Cheltenham, and Leeds was accordingly selected, the date to be, according to rule, the Thursday of the third week in September.

ELECTION OF OFFICERS.

The PRESIDENT (after voting papers had been distributed and collected): I have much pleasure in announcing that Dr. Edward Madden has been elected President. (Applause.)

The PRESIDENT: As we have no hard and fast rule with reference to the office of Vice-President, and Dr. Ramsbotham, whose energy and business capacity are well-known, has signified his willingness to serve the Congress in any way he can, I have no doubt you will carry by acclamation the proposal that he be appointed Vice-President. (Applause.)

The motion was unanimously agreed to.

Dr. DYCE BROWN: May I say that I am particularly anxious to resign the office of Hon. Secretary.

Dr. J. W. HAYWARD: May I enquire, before Dr. Dyce Brown goes further, if we have a local secretary.

The PRESIDENT: The appointment of general secretary comes first.

Dr. GIBBS BLAKE said he was very sorry to hear Dr. Dyce Brown's statement. He hoped he would re-consider his decision, and allow them to propose a third secretary, so as to relieve him of a portion of the duties.

Dr. DYCE BROWN said it was very kind of them, but if they would allow him he must carry out his proposal to resign. He had now had the honour of holding office for thirteen years, and he thanked them for the honour they had done him in re-electing him each year. He had endeavoured to do his best for the Congress, and he hoped he had been to some extent successful. (Hear, hear.) It had always been a very great pleasure to him to do what he could with that object, but he thought that when one had held an office of this kind so long others should have an opportunity of filling it, and that it should not be looked upon as the monopoly of one individual. He must, therefore, ask them to accept his resignation.

Dr. CLIFTON, said he believed Dr. Dudgeon and himself were the two oldest members of this Congress, and Dr. Dudgeon had asked him to propose the following resolution: "That Dr. Dyce Brown, having held the office of Hon. Secretary to this Congress for thirteen years and filled it with so much ability, the members of the Congress are of opinion that the reason he now adduces for his suggestion that he should resign, rather emphasises the necessity that he should continue to occupy that position." (Hear, hear.) If Dr. Dyce Brown, was giving up on account of the work they would not urge him to go on, but his reason was that fresh blood should be introduced. They remembered the onus that was cast upon Dr. Dyce Brown last year over which some unpleasant-

ness arose, and he maintained that the Secretary ought not to stand alone, in having to undertake responsibilities of that kind. He therefore appealed to the Congress to ask Dr. Dyce Brown to withdraw his resignation, and to allow them to appoint two or three other members to act as a sub-committee or assistant secretaries in conjunction with him. They were increasing in numbers, and they might hope to have many more papers sent in next year. The Hon. Secretary ought not to have the sole responsibility of selecting the papers to be read. He hoped they would pass this resolution. (Hear, hear.)

Dr. DUDGEON, in seconding the resolution, said Dr. Clifton had spoken his sentiments entirely.

Mr. KNOX SHAW supported the suggestion, and said as they were supposed by their opponents of the opposite school to have a large capacity for superstition, it might be regarded as a very ill-omened thing to change their Secretary in the thirteenth year of his office. (Laughter.) It would greatly strengthen the Congress if they had an executive, and he would suggest that their President and Secretary with two other members nominated by the Congress, form the executive of the Congress. He hoped the local men whose districts they visited would not take it as derogatory to them when he said he did not think that they should of necessity form the executive. He thought those appointed should be responsible men in the homœopathic body, who would have no claims upon them from towns. Personally, he should be very sorry indeed to see Dr. Dyce Brown sever his official connection with the Congress, and in saying this he only expressed the sentiments of every member.

Dr. POPE said that with reference to there being no committee of the Congress, Mr. Knox Shaw was both right and wrong. There was a committee of the Congress, consisting of all the past Presidents, at the same time it was of no practical use, as it was too unwieldy to be ever called together. But it was perfectly clear that Dr. Dyce Brown must not be permitted to retire on any account. It was also perfectly clear that he must be relieved of the degree of responsibility which attached to the office without an executive committee. The proposal made by Dr. Clifton, and seconded by Dr. Dudgeon, would, he should think, commend itself to everyone. He hoped the Congress would agree to that proposal, and that with the help thus afforded him Dr. Dyce Brown would withdraw his resignation. (Hear, hear.)

The PRESIDENT said no words were needed on his part to enforce what had been said. He heartily concurred in everything.

The motion that Dr. Dyce Brown be asked to re-consider his decision was then put, and carried unanimously.

Dr. DYCE BROWN: I assure you that I feel extremely honoured and proud on account of the way in which you have passed this resolution. It is an honour I had no idea I should receive, and I appreciate it very highly indeed. As I have already said, my reason for wishing to resign was not on account of the work—that is a pleasure—but in order that I might not appear to monopolise the appointment. But I put myself entirely in the hands of the Congress, and shall be delighted to serve the Congress in any way the members choose. (Applause.)

Dr. Dyce Brown was then unanimously re-appointed to the office of Hon. Secretary, and, on the motion of Mr. KNOX SHAW, seconded by Dr. J. D. HAYWARD, the names of Drs. Hughes and Clifton, with the President, Secretary and Treasurer of the Congress, were adopted as constituting the Executive Committee.

The PRESIDENT: As the Treasurer for a good many years has been appointed President for next year, it is necessary that we should appoint a new Treasurer.

Dr. HUGHES: I beg to propose that as Dr. J. W. Hayward has been relieved of some of his duties in connection with the Publishing Society, he be appointed Treasurer of the Congress.

Dr. CLIFTON seconded. Dr. Hayward was a most energetic and useful man, and would carry out the duties with ability, geniality and "go."

Dr. HAYWARD accepted the appointment, which was unanimously confirmed.

Dr. DYCE BROWN proposed that Dr. Stacey, of Leeds, be asked to undertake the office of local secretary for 1895, which was seconded by Dr. RAMSBOTHAM, and agreed to, this concluding the formal business of the meeting.

PAINFUL AFFECTIONS OF NERVES.

Dr. PERCY WILDE next read a paper on "Painful Affections of Nerves," which we hope to publish in our next number.

BONE AND JOINT DISEASES.

Mr. GERARD SMITH, of London, was to have read a paper on "Homœopathy in Bone and Joint Diseases." As, however, the afternoon was far advanced before it was reached, and the excessive heat of the day caused a general desire for an early adjournment, Mr. Gerard Smith, kindly offered to allow his paper to be taken as read. On its being explained that the paper would be printed (see p. 466 of our present number) whether read or not, the Congress agreed to this course, with

an expression of thanks to Mr. Gerard Smith, for his courtesy and consideration.

The proceedings of the Congress proper then came to a close.

The Congress Dinner.

The members of the Congress re-assembled at seven o'clock in the Venetian Chamber at the Holborn Restaurant, where dinner was served in *recherché* style for about 150 guests. In addition to those whose names are given as present at the earlier proceedings, the assembly was graced by the presence of several ladies. At the conclusion of the dinner

The Loyal Toast

was proposed by the President in a few well-chosen sentences. He said wherever English men and women were gathered together on occasions of this kind their first manifestation of enthusiasm was always elicited by one particular toast. They would drink it with spontaneous heartiness on this occasion. He need not explain that it was the health of the gracious lady who occupied the first position in this realm—a lady whom they would be delighted to see a little more of (and they would be especially glad to hear of her bestowing the light of her countenance on homœopathy), but whose health they would ever drink with the utmost loyalty. It was not for him to dilate upon Her Majesty's many virtues. They loved her for her quiet, unobtrusive manner; but what they appreciated most was that she was above everything else a true woman. She was sympathetic whether there be sorrow or whether there be joy. He gave them the health of our Sovereign Lady the Queen, with the Prince and Princess of Wales, Duke and Duchess of York, and the infant prince. (Applause.)

"The Memory of Hahnemann."

The President, in proposing the toast of the evening said: The very fact of our presence here, at the close of about the thirtieth Homœopathic Congress that has been held in this kingdom, is sufficient evidence of our belief in and our enthusiasm for the principles which were first of all enunciated by the one to whose memory I am about to ask you to drink. Unfortunately, and to our great regret, there are very few now living who can speak from personal knowledge of the great master, and we of the present day are compelled to fall back upon the knowledge to be derived from his writings and from the writings of those who were his personal friends and acquaintances. It has, I have no doubt, fallen to the lot of all of us who have had to prepare papers on subjects connected with homœopathy, to dip more or less

deeply into Hahnemann's writings, and in all probability I shall be told that my experience is not singular when I say that I never open a book of Hahnemann's without an increased sense of modesty arising from the feeling that beside his unwearying industry, his enormous power of concentration, and his undaunted perseverance, anything that we can do sinks into absolute insignificance and nothingness. These characteristics Hahnemann displayed not only in connection with homœopathy itself, but in many matters altogether apart from it, in all of which he was a perfect marvel of steady application and self devotion to the object in view. He was, in fact, that which the late Dr. Drysdale so often insisted upon—first a physician, and then a homœopath. If we turn to even the bare list of Hahnemann's writings, we are perfectly astounded to see the work he did, quite independently of homœopathy. He was an authority on toxicology to begin with, the author of a work on arsenical poisoning, he was one of the most accomplished chemists of his time, and we are all familiar with his treatise on the preparation of a substance which thousands of us use every day in our practice—the soluble mercury of Hahnemann, than which no better preparation has ever been discovered for ordinary use at the bedside. He also wrote a treatise upon the preparation of Glauber's salt (sulphate of soda). We know, too, all that he did in the matter of translating the writings of one of the foremost teachers of Materia Medica in Scotland, Cullen—Hahnemann's translation of Cullen's writings into German. Even Hufeland, who said so much against homœopathy, had really nothing to say against Hahnemann himself, but admitted over and over again that he was one of the best physicians of his day. There is no need, however, that I should enter into an exhaustive analysis of Hahnemann's writings, because that you have all done for yourselves. I will therefore simply express the pride I always feel in standing up in a gathering of homœopaths and testifying to the high respect I feel for the great leader of our school, and call upon you to join me in drinking, in solemn silence, to the memory of Hahnemann.

The toast was drunk in silence.

Hospitals and Dispensaries.

The President: I will now call upon our old friend, Dr. A. C. Clifton, to propose "Homœopathic Hospitals and Dispensaries." (Loud applause.)

Dr. A. C. Clifton said the subject upon which he had been asked to speak was homœopathic hospitals and dispensaries. Text: "In the morning sow thy seed, and in the evening hold not thy hand." Well, then, to the point. He would

take homœopathic dispensaries first. Was there a homœopathic practitioner in that room who did not know the value of homœopathic dispensaries—their value to the poor, their value to the community generally, and their value to them as practitioners, in their own souls? Assuredly not. He need not enlarge upon that point for a moment. Then what of their homœopathic hospitals? It would take some time to enumerate all these centres of usefulness throughout the country. He might begin at Liverpool, with the magnificent building erected there through the munificence of one of Liverpool's wealthy citizens. The building was an admirable one, and equally worthy of admiration were those by whom it was officered and carried on. (Applause.) From Liverpool they might go across to Bath, the queen of cities in that part of England. There, again, they had a hospital well managed and doing a good work. Going on to Plymouth, they found there a young and growing hospital (hear, hear), giving good promise of future strength and utility. At Bromley, they found the rising son of one of the most illustrious sires of his day, and his name was Madden (applause), assisted by the son of another noble worker in their ranks, now dead and gone—Edward Wynn Thomas—whom he (the speaker) loved with all his heart. Those two gentlemen, Madden senior and Edward Wynn Thomas, must ever live in their memories. (Loud applause.) Of Chapman, Moore and Drysdale the same might be said. (Applause.) Whenever he met the late Dr. Drysdale, the first question was "Clifton, my boy, what are you working at; how are you getting on with the *Repertory?*" Drysdale himself was always at work, he set them a noble example. Then to proceed, at Birmingham they also had a hospital, doing good work, besides others in various parts of the country, which they would forgive him for not naming in detail. Coming to London, there they had in Great Ormond Street an uncompleted building, on the hoarding of which appeared a notice to the effect that £17,000 was wanted to enable them to finish the carrying out of the work. He asked what it meant. Was the scheme dead? Was Ichabod written over it? But no, he was assured that it would rise from its ashes, and he trusted that the scheme would be generously supported. From the hospitals they must pass to the men who were responsible for them. At Liverpool he knew them all. Many of those in the other hospitals he also knew. He valued highly the work of the men in the London Homœopathic Hospital. There was no man in the country who had seen more of the London Homœopathic Hospital than he had. (Hear, hear.) He attended clinics there very often, and owed very much to the knowledge there acquired.

He had gone the round of the wards, and there, too, had acquired useful experience. The men there did not precisely tread in the footsteps of their fathers, and he should be very sorry if they did (hear, hear), but they had been called upon to bear persecution and obloquy, like their friends at Liverpool and elsewhere, and yet had come out of the fiery furnace with garments unsinged. It had been urged about some of their men, though not often, that they were too pathological, and that they were not particular enough about their cases. Well, there was a great deal of difference of opinion about that. He himself thought they were not quite so particular as some of their predecessors. There had also been a tirade of late against what had been termed human vivisection. It had been largely overdrawn—(hear, hear)—and he would say this for the surgeons he had met, both in Liverpool and in the London Homœopathic Hospital, that they always said, we do not want to operate, if you physicians will only cure your cases. (Hear, hear.) You cure your patients and we will not operate. Only when you come to us with cases which you cannot cure, then we will be ready to operate, and we will do it as skilfully as any in the old school. With our *aconite*, our *arnica* and our *belladonna*, we will operate, when necessary, with every prospect of greater and better results than can be obtained elsewhere. But there was something else wanting besides good men and good buildings. They might have good institutions, and they have good officers, just as they might have thoroughbred horses and good chariots. But it was the "money that made the mare to go," and the question now was, where were they to get that money? His own opinion was that as homœopathic practitioners they were too chary of asking the public to support their institutions. He had found from enquiries he had made that the more that had been done in that way the greater had been the response, and the more people had believed in the practitioners who had brought the work before them. If they wished to know how best to set about the task, the daughters of Eve, who were present that night, could give them many a lesson. Only let those who shared their hearths and homes support them in season and out of season, and employ their sweet persuasiveness to draw the coins out of people's pockets, and all might be well. He trusted the ladies present would excuse him for mentioning the matter, but he thought they might do much in this way. Need he say more than to ask them, in conclusion, to do their best for the institutions of which he had been speaking, and for homœopathy, the grandest thing in medicine that was ever known. Looking around the

tables, seeing his old friends Dudgeon and the rest (here the health of Dr. Dudgeon was called for and drunk with great enthusiasm)—old men and young men—he could only add that nothing did him so much good as to come among them. He loved them all. Might God bless them, and might they stick to their work well. (Loud applause.)

Mr. J. R. Stilwell, Chairman of the London Homœopathic Hospital, replied to the toast. He said he thanked them very cordially for the kind manner in which they had drunk the health of the very admirable institution he had the honour to represent. Dr. Clifton had enumerated many of the hospitals throughout the country. The London Homœopathic Hospital was, of course, the central hospital for homœopathy in the United Kingdom. There was a large hospital in Liverpool, an excellent one at Birmingham, another in Bath, others in Plymouth, St. Leonards, Tunbridge Wells, and Eastbourne, besides the Convalescent Home at Bournemouth, and their own at Eastbourne. But the London Homœopathic Hospital was among all these sister charities the central hospital, the citadel of homœopathy in England. Round that central citadel the supporters of homœopathy in England, both men and women, ought to rally. He (the speaker) began life not as a homœopath. He would not describe what he was, because he did not know. But as he grew older he was fortunate in possessing the friendship of a very advanced homœopath—though not a physician or surgeon—which led to his becoming a homœopath. Afterwards, on the invitation of Dr. Yeldham, he accepted a seat on the Board of the Homœopathic Hospital. He now had to say a few words on its behalf. Many of them inspected the hospital on the previous day. It was designed to contain every sanitary and medical improvement, and every facility for enabling it to take its proper place among the best general and educational hospitals in the metropolis. As for the building itself, they had got above the first floor, and were building in a style which an irreverent friend of his called the raw mutton and suet style. (Laughter.) He (the speaker) ventured to think the style a good one, and that the red brick relieved with stone dressings was admirably suited for the purpose. The total cost was £45,000. Of this they had £33,000 promised, and had to realise the remaining £12,000, with £5,000 to pay for a valuable addition to the site, which might be availed of for extension. Ultimately, they hoped to come forward to the corner of Queen's Square, and then this additional space would be utilised, giving a hospital with 125 beds, and which would also form a school of homœopathy. To carry out these objects

the active co-operation of every physician and surgeon was absolutely necessary. They had to raise the sum stated by June next year. Beyond that the present income would not suffice to keep so large a hospital in full work, and they must increase their subscription list by at least £1,000 a year. He urgently appealed to the homœopathic practitioners throughout the country to help them in this work. The London Homœopathic Hospital was really a national hospital. It was for the homœopaths throughout the country to decide whether they were proud to have a large central hospital; whether it did not redound to the credit of homœopathy throughout the kingdom; whether it did not serve as a powerful educator of the public throughout the kingdom—in short, whether homœopathy was not the better and richer throughout the kingdom for having a large and active central hospital. The practitioners throughout the country knew who could and would help, and they had done so much in the past that he could not doubt but that they would rally around the Board in their supreme effort to open the hospital free of debt. An appeal from himself as Chairman, and from the Board would reach all in the course of a month, and every facility would be given to them and every aid to reach their *clientèle* easily. He sincerely trusted that they would show their appreciation of the public spirit which had prompted the Board to accept the heavy liabilities of the new building, and would every one of them, do his utmost, just as if the success of the new hospital depended upon him personally. When he looked at the building fund list with its present noble total of £88,000, he saw what their medical friends could do. He regretted to miss some names which certainly ought to be there. If a part only of the homœopathic profession could so substantially help them, what would be the effect if, as he hoped, every homœopathic physician in the kingdom would do his "level best?" They wanted a "long pull, a strong pull, and a pull altogether." They wanted some friend to do in regard to the £17,000 what "a friend well known to the hospital" did in regard to the first £30,000, *i.e.*, show personal acknowledgment of the value of homœopathy by a large donation. The friend alluded to gave £10,000. Was it too much to ask them to look about for that friend, and if they could find two or three so much the better. With regard to their income, there was a deficit of £700, on the general account. Had the extra £1,000 a year been forthcoming a year ago, they would not now be in this uncomfortable position, but would have had a credit balance of £300. He hoped they would all work hard to get this extra £1,000. He

must ask their patience further while he went through a few satistics, which he put before the annual meeting. Up to the 31st of December last year the large number of 287,205 patients had been treated by the London Homœopathic Hospital. For nine years it was at work in Golden Square, and thence it was removed to Great Ormond Street; in those first nine years in Golden Square, to 1859, there were 24,894 patients treated; in the second nine years, to 1868, there were 49,470 patients treated; in the third nine years, to 1877, the patients numbered no less than 64,978; in the fourth nine years ending in 1886 the patients numbered 66,075; and in the last seven years, up to the 31st of December last, the figures had risen to the extraordinary number of 81,798, making the total mentioned just now, of 287,205. If that rate of progress went on for another two years, completing the fifth period of nine years, or forty-five years altogether, the patients would number for the two years 23,869—practically equalling in two years the number of patients in the first nine years—making the total for the fifth period of nine years 105,162, with a grand total of 310,574. These figures show what a constant increase there had been; there was no falling-off in any one period of nine years; and it was a remarkable thing in the consideration of such large figures that there had been no diminution whatever going on, and that the work done had increased by leaps and bounds. He might justly claim that these figures justify the oft-repeated statements of the Board as to the great and increasing activity of this hospital and the immense and wide-spread benefits it conferred upon the poor. He did not like to detain them much longer, but he was very glad to see lately the statistics of homœopathy in America. It appears that in 1876 there were 5,000 homœopathic physicians in the United States, and that in the present year there are 12,000. He only hoped that when once their hospital was in ordinary working order their number might be as great. Their success had come by having schools of homœopathy. He understood there were twenty-six such schools in America, and if they could only get a practical school in London he thought the provincial towns would follow their example. The value of homœopathic hospitals was acknowledged by all who had seen them. The excellence of the management was undoubted, the skill of their physicians and surgeons was second to none. In fact, the value of such institutions, supported by the voluntary charity of the public, was a testimony to the truth and permanence of homœopathy as a science. He thanked them for the kind attention they had given him, and he trusted that the facts he had been enabled to bring forward would bear fruit. (Applause.)

Homœopathic Literature.

Dr. Goldsbrough, in proposing the toast of "Homœopathic Literature," said that during the past twenty years some of the most trusted leaders of their body had been entrusted with the duty which he had now been asked to discharge, and it was with considerable diffidence that he endeavoured to follow in their path. Yet it seemed to him to be not inappropriate that one of the rank and file among them should propose the toast of Homœopathic Literature, for what did not the rank and file owe to that source of inspiration and strength? Were it not for their books, were it not for their periodical press, some of them would not now be filling the positions they did. His toast was: Success to Homœopathic Literature. What was it that would lead to the success of Homœopathic Literature? He would like, if he could, to find some broad, general statement or conception which would suggest to their minds some of those qualities and characteristics of their literature which tended to promote its prosperity and success. But he would venture to sum up those qualities in one word, and that was: Purity. He hoped they would not accuse him of cant if he used the word in this connection. One of the great masters of English literature, and one who was also indirectly a contributor to their own literature, Thomas de Quincey, had divided literature into two classes—the literature of knowledge and the literature of power, the one appealing to the understanding, and the other to the æsthetic emotions. Their own literature was of the first-class, and did not admit of being brought under the name of the beautiful. Yet scientific facts might be clothed in niceties of language, and it seemed to him that in striving after the purity of their literature those niceties were the first point at which they ought to aim. Next in importance he would place lucidity and accuracy of expression. There was one vice, for example, in the literature of medicine, of which he hoped they, as homœopaths, would not be guilty. They were aware of the custom of naming a disease after the man who first described it. He considered that was a vice, and that it rendered the classification of disease anything but lucid. To take a familiar illustration, they all knew what Dudgeon's sphygmograph was, and it was an admirable description; but supposing they were to call the condition which Dr. Dudgeon had described as "stammering heart," Dudgeon's disease, would that be at all an improvement? One of their colleagues twitted him that afternoon with finding fault with the expression used in one of the papers read at the Congress, "*Action of Drugs*," his own view being that the expression used should have been "effects of drugs." Perhaps, that sounded a little

pedantic, but while he would not say that inaccuracy of expression was the result of looseness of thinking, he certainly thought that inaccuracy of expression might lead to looseness of thinking, and that they should therefore cultivate accuracy of expression as of vital importance to the purity of their literature. It ought also to be characterised by freedom from polemics. (Hear, hear.) They had to bring facts together, marshal them in groups, draw inductive inferences from them and deductions from their inductions, and these facts had to come under the fierce light of criticism of equal minds. But if in the questions of fact which existed between them and the dominant school of medicine, one side was compelled from the weakness of its case to resort to misrepresentation, or what he might call literary bullydom, do not let them follow its example. (Hear, hear.) The cause of truth was far too sacred to enter on such a warfare as that. (Hear, hear.) When their opponents misrepresented them, let them reply by presenting more facts, which would tell in the end. That led him to the final element in the purity of their literature—the veracity of what was written. He had said that the facts would have their sway in due time. The true expression of fact carried its own force. It was dynamic, and they must trust to this inherent force of truth to have its effect in due time. As the form of an angle carried the truth of that angle to the mathematician, so to the biologist the expression of a fact carried its own truth along with it. He was happy to say that the conduct of their literature was in the hands of a number of able men, and that the number had been greatly increased. One by one additions were being made to the compact little body of men who were conducting their journals, and he was glad to know, from what had occurred in the British Homœopathic Society, and from what had been suggested by their President and others that day, that the work was likely to be still further increased. On the present occasion he was pleased to be able to include in this toast the name of his friend Dr. Neatby. (Applause.) They all knew what Dr. Neatby had done since he had been connected with the *Review*, and would all join in cordially wishing him success along the lines he had already taken, and which he (the speaker) had endeavoured to suggest. It was his pleasing duty to ask them to drink to the success of homœopathic literature, coupling with it the name of Dr. Neatby. (Applause.)

Dr. Neatby said their colleagues north of the Tweed had a saying that "You canna tak' breeks off a Hielander," and for a similar reason they would be unable to get a speech from

him. As a neighbour of his had just suggested to him, he had better simply say "Thank you," and sit down. But in thanking them he might add that he did so most heartily. He thanked them in the first place for having drunk to the success of homœopathic literature and for having coupled his name with the toast. Still more he thanked them for what that toast meant. He took it that they had in the past had the interests of homœopathic literature at heart, and that they would uphold those interests with redoubled energy in future. They all knew that the literature of the homœopathic school was in a more flourishing condition than it had ever been before, and he felt especially fortunate in having been called upon to speak on its behalf at such a period in its history. He remembered Dr. Pope telling him on one occasion that nearly thirty years ago he was about to set off on a long journey, when he received a telegram to the effect that twenty pages of matter were wanted for the journal, which was to be published in two or three days. There was no time to be lost, and so he put the necessary papers in his pocket and got out the twenty pages as he travelled across country. That had never been necessary since he (the speaker) had been connected with homœopathic literature. When he had the pleasure of commencing his connection with it there were only two journals; now, he was glad to say, there were four successful periodicals. They knew how those periodicals had flourished, and hoped they would continue to do so. But they were also aware that it was not the work of the editors alone, but the work of the contributors, which made a flourishing journal. He need add nothing to what had already been said as to the kind of literature that should fill their journals. It was evident from what Dr. Goldsbrough had said, that they had the right aims in view, and he could only express the hope, on behalf of his colleagues connected with the *Homœopathic World*, the *London Homœopathic Hospital Reports*, the *Journal of the British Homœopathic Society*, and the *Homœopathic Review*, that those aims would be realised. In the name of his colleagues and himself, he tendered them his grateful thanks for the kind way in which they had drunk this "toast," and accepted it as a pledge of their future support of homœopathic literature. (Applause.)

Homœopathic Societies.

Dr. John Davy Hayward said there was perhaps some poetic justice in his being called upon to propose the toast of the "British Homœopathic Society and other Homœopathic Societies," for he had received the distinction of being expelled from the non-homœopathic medical society of his native city. He had nothing to regret in that fact, except

the illiberality of man to man, for he was the more strongly induced to attend their local homœopathic society, where the results he obtained, both from a scientific point of view and from the point of view of practical suggestion, were far better than anything he derived from the anti-homœopaths while they tolerated his tainted presence amongst them. During the years in which they did put up with his occasional appearance at their meetings, he never found the reports of their transactions better done than they were by their energetic late Secretary, the present President of the Liverpool branch, Dr. Capper, and he never had the pleasure of hearing a better address than he had heard that day from Dr. Galley Blackley. (Applause.) Those of them who were in centres where they could take advantage of the meetings of the British Homœopathic Society had a great advantage over the isolated members of their body who had not the same opportunities of meeting their colleagues. As iron sharpeneth iron, so they came back from their meetings refreshed and invigorated by one another's experiences, and he would suggest that those of them who were within reach of their Society's meetings should make greater efforts to attend them. (Hear, hear.) They in Liverpool invariably spent their somewhat small subscription in sending out invitations to the members in their neighbourhood, but he was sorry to say that there were many who seldom favoured them with their presence. He felt sure that if they did so they would feel, like the mythological giant who went back with seven-fold renewed vigour every time he touched mother earth, renewed energy for their trying duties. He gave them the various Homœopathic Societies of Great Britain, of course emphasising very strongly the parent Society to which, he was happy to say, they were nearly all now, under the new auspices, affiliated. (Applause.)

Mr. Knox Shaw was called upon to respond on behalf of the British Homœopathic Society; he said that it very cordially appreciated the manner in which the toast had been received. He would like to take this opportunity to disclaim any really serious part in the progress of the Society during the last two or three years. (Cries of No.) He thought that many of them were perhaps not aware that the changes that had taken place during the last two or three years were originally advocated by Dr. Richard Hughes. He (Mr. Knox Shaw) found he had unwittingly been guilty of plagiarism, when he gave his presidential address in 1892, and he could not understand how it was that some of his sharp critics had not discovered that all the suggestions then made had nothing whatever to do with

him, but were proposed fifteen years ago by a predecessor in office, Dr. Richard Hughes. (Applause.) If he had done anything, it had simply been as the instrument in carrying out the suggestions that Dr. Hughes made so long ago. Dr. Hughes, if they would pardon his recalling the facts, made five suggestions. Three of them (1) an increase of membership, (2) the foundation of the *Journal*, and (3) the extension of a library, which should be of immense use to the homœopathic body in this country, were safely secured. The library would be of greater service when the new hospital was opened and the society got into its new quarters. There was one other point to which he wished to refer. It was one which Dr. Richard Hughes spoke very strongly about, and which at some future time should be very seriously considered by the society—he should shock some of them—that they should change the name of the society into that of the Hahnemann Society. If that was carried out they would then complete the programme suggested by Dr. Hughes fifteen years ago. They would then further broaden the sphere of usefulness of the society, promote a further increase of its membership and set an example to other less liberal societies by breaking down the barriers which at present hedge it round, and "invite to its membership all who sympathise with Hahnemann in devotion to the art of healing." He thanked them very heartily for drinking the health of the British Homœopathic Society. (Applause.)

Readers of Papers.

Mr. Dudley Wright, in the absence of Dr. Woodgates, proposed the toast of "The Readers of Papers at the Congress." There were very few, he said, present who had read papers at the Congress. His advice to those who had not done so would be that of *Punch*, "don't." He dared say he should get "into hot water" for saying so. But there was a certain wise man, who said: "Oh, that mine enemy would write a book." There were certain amongst them who would say, Oh, that mine enemy would write a repertory. He did not go quite so far as that. He would simply say, Oh, that mine enemy would read a paper; then would I criticise it. He would finish up by paraphrasing the song they had just heard:

I remember, I remember,
The Congress at the Bloomsbury Hall,
But the dinner we had after,
I remember best of all.

(Laughter.)

Mr. Gerard Smith responded: He supposed this honour had been thrust upon him because, although he wrote a paper,

the heat of the weather was such that it was not read after all. There were some painful things in life and some pleasant ones. Much the most painful was that of having to make an after-dinner speech which there had not been time to prepare. They had no doubt heard of the gentleman who was very much afflicted in this way, and to whom it befell in the course of his travels to be cooked and eaten by cannibals. Most people would have been discomposed, but this gentleman met his fate with the utmost calmness, because he felt that on this occasion at least there could be no question of an after-dinner speech. (Laughter.) As regards the reading of papers at the Congress, he wanted to contradict Mr. Dudley Wright and say: When you are asked to read a paper at a meeting of the Society or at a Congress—do. (Hear, hear.) It should be a constant care of their working lives to be putting on record the best of their thoughts and experiences for the benefit of their colleagues. Dr. Oliver Wendell Holmes said that in the life of every articulately-speaking human being there was the material for a two-volume novel. He (the speaker) would say that in the life of every articulately-speaking homœopathic medical man there would come sooner or later the material for a paper at the Congress. Therefore, thanking them for the way in which they had drunk the health of the readers of papers at the present Congress, he would say, "do," and not "don't." (Applause.)

The Visitors.

Dr. Hughes was next called upon. He said the toast entrusted to him was the health of the visitors who had honoured them with their presence that evening. A considerable proportion of those visitors were ladies, and they of the sterner sex drank their healths very cordially and heartily, and thanked them for having graced this banquet with their presence. (Hear, hear.) "The star-like smile of woman," as the poet termed it, brightened every assembly where men gathered together. First of all then they thanked the ladies generally for their presence, and drank their healths. They then thought of the gentlemen who had honoured them by their attendance, and first of all those of their own profession who had either been prevented, or would have been with them had not their intention been frustrated by illness or other causes. They had with them a brother of the old school, whose modesty led him to retire from public mention, but to whom, nevertheless, they wished to say how glad they were to see him among them, and that they hoped he would one day come among them in a yet more completely united capacity. Then, they had their colleague, Dr. D'Espiney, of Nice, whom they were delighted to see. (Applause.) They

would have had, but for indisposition, Dr. Gamber, of San Diego, California, who had been present at their business meeting that afternoon. Ill-health had also prevented the attendance of Dr. Horace Packard, of Boston, whose presence would have been heartily welcomed. But these American colleagues, though themselves hindered, had sent a most worthy representative, and had this toast not come at so late an hour, the lady whom they had seen on the President's right hand would herself have addressed them in response to their greeting. She was a lady whose acquaintance Dr. Hayward, Dr. Clifton and himself made on the occasion of their first visit to Boston in 1876, and whom they were delighted to see among them that day, with her somewhat modified name, but with an evidently unchanged geniality and intelligence. They wished Mrs. Dr. Baker-Flint could have addressed them, but in her absence they would drink her health with cordial goodwill. Among the representatives of the hospitals they had Mr. Stilwell, Mr. Cross, and a representative of homœopathic pharmacy in Mr. Wyborn, who had deserved well of the public in many ways. (Hear, hear.) He (the speaker) had specially to thank him for having taken upon his shoulders the burden of the business arrangement of the *Cyclopædia of Drug Pathogenesy*. They had also with them several other gentlemen whose names he would not recall, but who in various ways were helping on the cause. They drank their healths, they thanked them for their presence, and they hoped that homœopathy would continue to be of service to them and to receive their adhesion and support. He would now ask them to drink the healths of the ladies and other visitors present on this occasion. (Applause).

Mr. Edwyn Pope was called upon to respond. He said he was sorry to have to take the place of Dr. Gamber, who would undoubtedly have discharged the duty much more ably than he could do. On behalf of the visitors, however, of whom he had the honour to be one, he thanked them for the kind manner in which they had toasted their health, and assured them that they had thoroughly appreciated their hospitality. (Applause).

Health of the President.

Dr. Proctor proposed the toast of the President. They had rightly and properly drunk the healths of other members of the company, but he thought they would agree with him that the personal qualities of the President pre-eminently deserved recognition. (Applause). He thought they would agree with him that Dr. Galley Blackley was the right man in the right place. (Hear, hear and applause.) It

was somewhat remarkable that the very able address they had heard from the President that morning, advising them to pursue the line of pathological enquiry, should have been followed by Dr. Stammers Morrison's able advocacy of the symptomological mode of treatment. It rather reminded him of a verger at one of the Oxford churches, He said he had been verger there for forty years, and during the whole of that period he had heard the preacher at the Sunday morning service contradicted by the preacher in the afternoon: yet, he thanked God that he was still a Christian. Similarly he (the speaker) hoped they would remain good homœopaths, although the advice they had heard that day was on slightly contradictory lines. He was sorry to find that Dr. Blackley, Sen., was not present. It was not often in the history of their Society that father and son succeeded each other in the Presidency so rapidly. The instance would be repeated in the case of Dr. Madden, after a longer interval, and it might be reserved for Dr. Hayward and his son to share a like honour. (Applause). He hoped that many sons of former Presidents would continue with them, and in turn succeed to the occupancy of the chair their fathers had adorned. Dr. Galley Blackley had enjoyed the highest distinction they could bestow. So far as they were concerned, he had sounded all the depths and shoals of honour. If ever any man deserved by his own merits to be placed in the Presidential chair, Dr. Galley Blackley was the man. (Applause). He had known him for nearly a quarter of a century, and had always felt the greatest admiration for his sterling qualities. He had won his way by hard work and strict adherence to the rules of professional honour (applause), and although he was only a young man compared with some of the older practitioners, he would hold him up as an example for the rising generation to follow. He trusted that the younger men among them would occupy the position, when their turn came, with the same distinction and the same credit to their system. (Cheers and musical honours).

The PRESIDENT, in reply, said: I am infinitely obliged to you for the very hearty manner in which you have proposed my health, and I feel that what Dr. Proctor has said is the case —that the very highest honour you could bestow upon me was conferred at the Congress last year, when you nominated me to the post of President. I am bound to confess now that I had many misgivings as to my ability to follow my predecessor in the occupancy of this chair. It is a post of very great importance, and I am only too delighted if you feel that I have filled it in any degree to your satisfaction. (Applause.) When I was asked by our worthy secretary if I would like my old

friend, my oldest friend I think I ought to say, to propose the toast of my health, I had only one answer to give, and that was that it would be the very greatest pleasure in the world. For I should like to tell you that there are two amongst the body of homœopathic medical men to whom I owe a great deal of what I know about homœopathy. One is a gentleman who I am sorry to say is not here to night, to our very great regret—our dear old friend Dr. Yeldham—(applause)—and the other is my friend Dr. Proctor. (Renewed applause.) He was the first man to take me under his wing and to teach me the rudiments of homœopathy when I took my diploma, and I still look back to the two years I spent in Liverpool, when I had the pleasure of working more or less under Dr. Proctor's eye, as being the most profitable two years of my life. I can only advise any young man beginning homœopathy to go to Liverpool, and have a year there, and then, if possible, go to London and have a year at the London Homœopathic Hospital. If he will do that and work conscientiously and steadily, I think he will know something of the practice of his profession. Again I thank you very much indeed. (Applause.)

This concluded the toast list proper, but Dr. Stopford subsequently asked the company to drink the health of one whom they all delighted to honour—he did not think they had ever let a Congress go by without proposing his health, for he was beloved by them all, and they were delighted to see him present—the health of their old friend Dr. A. C. Clifton. (Cheers and musical honours).

Dr. Clifton appropriately responded, this terminating the speeches.

During the evening the proceedings were agreeably varied and enlivened by songs and a recitation from Mr. Gerard Smith, of London, Dr. Capper, of Liverpool, and Mr. Philip C. Pope of Burnley. Mr. Smith sang "I arise from dreams of thee" (Salaman); Dr. Capper, a favourite old nigger melody; and Mr. Pope, "I remember, I remember," "On the steamboat, oh! my darling"—a parody of "In the gloaming"; he then created much amusement by a recitation entitled "How Bill Adams won the battle of Waterloo," and just as the party was breaking up, he sang amid great laughter, "The Medico-Ethical Missionary," a skit upon Mr. Ernest Hart's proceedings in the United States last year, the words of which appeared in our December number.

The company separated shortly after eleven o'clock.

OBITUARY.

JOHN CASS SMART, M.D.

It is with great regret that we announce the death, in the 79th year of his age, of Dr. Smart, of Combe Hay, near Bath. Dr. Smart arrived in Scarboro' on the 18th ult., on a visit to his sister, Mrs. Humble, the widow of the late Dr. Humble, of Newcastle. On the 14th he was walking in the town, full of his usual activity, and chatting with all his characteristic cheerfulness to old friends, when, while talking to one of them, Mr. John Hart, near to his shop, 23, Newborough Street, he turned round to recognise a lady, suddenly fell to the ground and expired within a few minutes. Dr. Flint, who happened to be driving by at the time, found him lying on the pavement in a state of profound coma, and death followed almost immediately.

John Cass Smart belonged to a medical family, his grandfather, father, and a brother having practised at Hutton Buscel, a village near Scarborough, for more than a century prior to the death, from apoplexy, of his brother, some 10 years ago. On leaving school young Smart was articled to his father, and initiated very early into the active duties of his future profession. We remember his saying, "I attended my first midwifery case when I was sixteen." His hospital duties were pursued at Guy's, and he was admitted a licentiate of the Apothecaries' Hall in 1837. Ere this, however, he had shown his *penchant* for surgery and his skill in operating. In the *Lancet* of 1836 he recorded the notes of a case in which he had excised the lower maxilla. Some little time after obtaining the licence of the Apothecaries' Society he had a very serious illness arising from a dissection wound. So seriously was this regarded, that it was thought he would never be able to endure the fatigues incident to the life of a country general practitioner, and he determined on devoting himself to the work of a pure physician. Accordingly he went abroad, and studied at the Paris hospitals and afterwards at Heidelberg, where he graduated as a Doctor of Medicine in 1838. Returning to England he was admitted a member of the Royal College of Surgeons in the same year, and five years later an *extra urbem* Licentiate of the Royal College of Physicians. As a physician he now settled in Leeds, where through intercourse with, we think, the late Dr. Ramsbotham, then practising at Huddersfield, his attention was drawn to homœopathy. His tastes were essentially rural, and consequently a farming district, where hunting and shooting could be obtained, being more to his liking than a manufacturing town, he shortly afterwards removed to Scarboro', carefully

feeling his way towards homœopathy, until he ultimately acknowledged his confidence in it as the scientific basis of therapeutics, and thereafter consistently advocated and practised it. After a successful career in Scarborough, extending over sixteen or seventeen years, he removed to Tunbridge Wells, where, in conjunction with his eldest son, he practised for some five-and-twenty years; when, on the marriage of his son, he retired from practice and resided at Combe Hay, a country place he purchased near Bath.

Cheerful and sympathetic, and possessing in a marked degree what the late Sir William Gull used to style "a good bedside manner," Dr. Smart was a highly popular physician, and both at Scarboro' and Tunbridge Wells his *clientèle* consisted of a very large circle of warmly attached patients, who had the fullest confidence in him.

He was admitted a member of the British Homœopathic Society in 1859, and was occasionally present at our annual Congresses, though he seldom took part in the discussions or, we believe, contributed to the proceedings of either.

After his sudden death on the street his body was removed on the police ambulance to Ashburn Villa, a house now occupied by his sister, which he built for himself many years ago, in the centre of a few acres of land, where he indulged his farming and horticultural tastes. The funeral took place at the Parish Church of Hutton Buscel, the village where he was born.

CORRESPONDENCE.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

To the Editors of the "Monthly Homœopathic Review."

Dear Colleagues,—At the close of the fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U.S.A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homœopathic Congress of the same year, a committee of four of its members was appointed to co-operate with the Permanent Secretary in organising the gathering. Its first report, which is herein enclosed, has been accepted at the Congress of 1894, and the Committee (with the addition of the President of the British Homœopathic Society) re-appointed, with instructions to obtain adhesions and contributions.

In pursuit of this object we request your good offices towards interesting your readers in the proposed Congress, by

bringing the subject before them, and also towards making it known to the homœopathists of your country in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering—both to be made good when the time comes.

The exact date and place of meeting, with the office-bearers, etc., will be finally decided at the Congress we shall hold in September, 1895, and information thereof will be duly forwarded to you, and published in the British Homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. Dudgeon, *Chairman.*
A. Clifton.
J. W. Hayward.
A. C. Pope.
R. Hughes, *Secretary.*

All communications to be addressed to the Permanent Secretary, of the Congresses, Dr. Hughes, Brighton, England.

PATHOLOGY AND SYMPTOMATOLOGY.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—On my return from the Homœopathic Congress, and with the President's address fresh in my mind, I happened to light upon that delivered last year at Northampton by Dr. Hawkes, and was reminded thereby that a good deal of the same ground was traversed by both Presidents, and though the lesson in each case was practically the same, some collateral deductions were slightly different. The address by Dr. Galley Blackley was intended to exhibit the difference between the symptomatological and the pathological aspects of our provings and the superior value of the latter. No definition of what is meant by either term was advanced, the antithesis being assumed as ready formed and present to our minds. But in Dr. Hawkes' address the idea we attach to these terms is dwelt upon somewhat. He says, in referring to some objector to homœopathy, "What does our friend mean by pathology? Does he mean morbid anatomy or does he mean the medical and surgical pathology of the Continental schools, which includes at any rate, if you are going to be examined there, all you can get to know of the course, progress and termination of any given disorder, together with the concomitant

anatomical changes? I contend that what is meant in this connection by pathology would be included in the far-reaching term symptomatology as we use it." Now it is well that our two Presidents should be agreed as to the meaning to be attached to these terms, and as there is an apparent diversity of opinion, some little consideration may be given to the point. It is admitted that pathology does not limit itself to *post mortem* appearances, but takes cognizance of changes in the living body as well. This being the case, symptoms, more especially objective ones, are a part of our pathological knowledge, and there is really no antithesis between them. The scarlet rash and the inflamed throat, equally with the nervous derangement of *belladonna*, are included in our symptom list. We have subjective sensations and objective signs of a pathological process which runs on either to recovery or death, and along with them, *pari passu*, a structural change constituting its morbid anatomy, so that we cannot dissociate our symptomatology from pathology, they are all pathological and are parts of the one process, representing different aspects of it. If pathology were limited to *post-mortem* appearances then symptomatology would define the living changes, and the sphere of each would be definitely mapped out, and this is probably the radical idea we have in our minds when using the words in common parlance. But pathology, as Dr. Hawkes says, includes more than this, it includes the knowledge of morbid changes in the living body, and hence must include a large part if not the whole of our symptomatology. Perhaps this extended application of the term pathology is the cause of its ambiguous use. If we restrict ourselves to the terms symptomatology and morbid anatomy, we know exactly what is meant, the one denoting the vital indications of disease and the other the structural changes thereof.

Our late President evidently had this restricted meaning in his mind whilst Dr. Hawkes had the more extended one. Certainly the term pathology is wide enough to include within its scope everything out of the normal, but as we have to express in language the two ideas of vital indications of disease and structural changes thereof we must use the term pathology in its restricted sense, or employ some other such as morbid anatomy to express our meaning.

P. Proctor.

July 8th, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

We are asked to state that Dr. MACNISH, of Ealing, has removed to 4, Leinster Square, W., and has taken the practice formerly carried on by Mr. DUDLEY WRIGHT.

Communications have been received from Dr. MACNISH, Dr. E. BLAKE, Dr. BLACKLEY, Mr. KNOX SHAW (London); Dr. ORD (Bournemouth); Dr. PROCTOR (Liverpool).

BOOKS RECEIVED.

Deaf-Mutism. By Holger Mygind, M.D., Copenhagen. London: F. J. Rebman. 1894.—*Birkbeck Building Report.* 1894.—*The Journal of the British Homœopathic Society.* July. London.—*The Homœopathic World.* July. London.—*Medical Reprints.* July. London.—*The Therapist.* July. London.—*The Chemist and Druggist.* July. London.—*The Monthly Magazine of Pharmacy.* July. London.—*The New York Medical Times.* July.—*The New York Medical Record.* June and July.—*The Chironian.* New York. May.—*The Medical Century.* July. Chicago.—*The Homœopathic Physician.* July. Philadelphia.—*The New England Medical Gazette.* July. Boston.—*The Hahnemannian Monthly.* July. Philadelphia.—*The Homœopathic Recorder.* June. Philadelphia.—*The Minneapolis Homœopathic Magazine.* June and July.—*Southern Journal of Homœopathy.* June. Baltimore.—*Pacific Coast Journal of Homœopathy.* June. San Diego.—*The Homœopathic Envoy.* July. Lancaster, U.S.A.—*The Calcutta Journal of Medicine.* May.—*Bulletin Générale de Thérapeutique.* July. Paris.—*Populäre Zeitschrift für Homöopathie.* July. Leipzig.—*Archiv. für Homöopathie.* June. Dresden.—*La Homeopatia.* June. Ciudad di Mexico.—*Homœopathisch Maandblad.* July. The Hague.—*Revue Homœopathique Belge.* June. Brussels.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

———:o:———

PATHOLOGICAL DIAGNOSIS AND HOMŒOPATHIC PRESCRIBING.

"You have not come to your duties as therapeutists until your diagnosis and prognosis have been made and pronounced."—Dr. CARROLL DUNHAM.

THE subject of the *Relation of Homœopathy to Pathology*, which formed the Presidential address at the recent British Homœopathic Congress, comprises within its scope the consideration of *the importance and value of examining and diagnosing cases in the light of pathology, as an assistance in the selection of the homœopathic specific.*

Physicians who practise homœopathically have been, and sometimes still are, accused of ignoring the advances made during recent years in the comparatively modern science of pathology. It is said that by their methods of prescribing they omit to make use of the data these advances supply, and that they decline to avail themselves of those minute and accurate methods of examination of patients, which science now places at our disposal. Such an accusation is wholly erroneous, and as pathology becomes more accurate, more trustworthy, and wider in its scope, we prove its injustice by gladly welcoming and acknowledging the increasing usefulness and value to us as homœopaths of the very modes of clinical enquiry which we are charged with repudiating.

This is seen daily in their enabling us by their means to trace to their origin as well as to explain those phenomena which, as symptoms, guide us in prescribing. Especially is this the case with the objective signs that the use of stethoscope, microscope, and test tube reveal in our patients. We none the less warmly embrace the help the results of pathological investigation present in the fresh light that they throw upon those symptoms, both subjective and objective, by the study of which homœopaths were successfully combating disease nearly half a century before the modern science of pathology arose. As Dr. GALLEY BLACKLEY pithily told us—"*Pathology is, in short, the key which is to unlock for us the treasure house of the Materia Medica.*"*

Just as pathology consists in the understanding of those facts by which we explain the science of disease, so the examination of and diagnosis of disease in patients provide for their application to specific cases. There is no necessity to point out the futility of being able to explain the origin and meaning of the symptoms of drug action, unless our methods of diagnosis are sufficiently accurate to enable us to apply the same facts to each individual example of a pathological condition that we are called upon to treat. We therefore propose to briefly consider the relative positions which physical examination and the diagnosis of disease, based upon a knowledge of pathology, should occupy in our selection of remedies according to the methods of HAHNEMANN.

There are probably some who, though practical believers in the law of similars, fail to appreciate the importance of this matter; who, though honestly endeavouring to prescribe from the totality of the symptoms in accordance with the directions so minutely laid down for us in the *Organon*, nevertheless decline to admit the utility of modern pathology, and its practical application to examination and diagnosis. Such a course we believe to practically nullify the spirit of HAHNEMANN'S teaching as to the totality of the symptoms. For not only do such prescribers fail to bring within the range of their observations the whole of the morbid phenomena by which alone we can with safety decide on our remedy, by omitting these methods for the

* *Monthly Homœopathic Review*, June, 1894, p. 398.

elucidation of those objective symptoms, which, but for the revelations of pathology, would remain concealed, but they may, and sometimes do, overlook what are really the most important and characteristic indications for drug selection.

Let us, then, consider one or two passages from the writings of HAHNEMANN with a view to ascertaining, as far as we can, what attitude he would probably have adopted towards modern pathology and diagnosis. In doing so we may hope to obtain a further glimpse of his marvellous powers of foresight and scientific divination. For, instead of discrediting his opinions and detracting from the value of his methods by exhibiting them in the light of recent science, we shall find them so marvellously framed and worded—as if, indeed, in anticipation of its modern development—that each item and statement to this day retains its relative value and intended position in the master's scheme of therapeutics.

We must begin by establishing clearly HAHNEMANN'S attitude towards the medical theories of his time. For this purpose we cannot do better than quote a sentence from the address of Dr. BLACKLEY, to which we have already referred. "What did duty for pathology in HAHNEMANN'S time consisted," he tells us, "almost entirely of hypothesis and of conjectures made to suit the occasion or the mode of treatment, and usually so far removed from any real utilization of facts in the task of curing the sick, as to appear to most thinking men rather a hindrance than a help therein."* Quotations are given in confirmation of this statement, which space forbids us to transcribe. We may refer those interested to *Ameke's History of Homœopathy*, which contains abundance of information on this topic. From these considerations, it is evident that the master's abhorrence of, and disgust for, the vague and baseless theories that at the beginning of the century were made the foundation for a crude and worse than useless treatment by his contemporaries, can in no sense be made to apply to present day pathology, which, indeed, was scarcely emerging into being at the time of his death.

To those, then, who consider that an attitude of, at least, indifference, should be maintained by us to that

* *Monthly Homœopathic Review*, June, 1894, p. 394.

development of pathology that finds its practical expression in modern advances in the examination of patients, in the diagnosis of their morbid condition, and we may add in prognosis, and who endeavour to justify their position by referring us to HAHNEMANN'S statements, we submit the following considerations.

Firstly: That all the facts elicited by the most recent methods of examination—by stethoscope, microscope, chemical analysis and other means—constitute objective symptoms which are frequently of high importance in the selection of the homœopathic specific.

Secondly: That although these were necessarily overlooked, and many of them unknown to HAHNEMANN, having only been brought to light within comparatively recent years, they are none the less in the spirit and intention of his teaching, and demand therefore an important place in the consideration of that "totality" of the symptoms by which he directed us to prescribe.

Thirdly: That the language employed by HAHNEMANN in his directions for the examination of patients, and for prescribing for them, appears to have been carefully framed, so as to include these and any future developments in the art of pathological diagnosis, some indeed of which seem, in a degree, to have been expected by him.

The wide sense in which HAHNEMANN used the term "symptom" will be evident from the following extracts.

He speaks of "*the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms), which can be perceived externally by means of the senses.*"* In a note to the same section we read, "*is not, then, that which is cognisable by the senses in disease, through the phenomena it displays, the disease itself in the eyes of the physician.* . . .? Elsewhere we are told, "that the honest physician, I say, will observe his patient minutely with all his senses. . . ."†

Is there anything, we may ask, in these statements to suggest that objective symptoms, now made evident by modern methods of examination applied in the light of pathology, were to be excluded from consideration; or

* *Organon*, Dr. Dudgeon's translation, § 6, p. 50.

† *Materia Medica Pura.* Hahnemannian Publishing Society. Vol. ii., p. 30.

that the physician, at any time, would be justified in omitting to aid his senses by the powers which a more advanced knowledge of the true nature and origin of symptoms may place at his disposal? Do not these quotations, on the contrary, suggest that to omit any of these details may be to lose some important aspect of the case under consideration? It must be evident that, according to HAHNEMANN, the totality of the symptoms consists of all the phenomena of disease revealed to the senses of the physician by the most minute observation, these being not only subjective, such as the patient may describe, but objective, *i.e.*, those which the physician perceives by the full exercise of all the powers with which nature has endowed him, and in the exercise of which art and science, by their almost yearly advance, increasingly contribute to assist.

It is important to understand that HAHNEMANN'S ridicule was not directed against attempts at the physical examination of patients made with the view of eliciting additional objective symptoms, but was justly poured upon the efforts of his contemporaries, who, bolstered up by vain theories, as he expressed it, "arrogantly and ludicrously pretending that they could, without paying much attention to the symptoms, discover the alteration that had occurred in the invisible interior,"* made these fads, rather than symptomatology, the basis for their treatment of patients. The wisdom of this opinion has been amply proved in many ways, but especially by the fact that it has been by paying close attention to symptoms, and examining them in the light of data obtained *post mortem*, by morbid anatomy, that pathology has sprung into being as a recognised science; and being based upon facts, it can be of service to us as homœopaths in the further development and elucidation of the "law of similars." On the other hand, the folly—and worse than folly to those who suffered under their hands—of the old school practitioners of that day who vainly erected their therapeutic edifices on the foundations of the shifting sands of groundless and ever changing theory, disdainfully rejecting that basis for treatment which, laid upon the firm rocks of symptomatology, HAHNEMANN entreatingly offered them, justly called forth his

* *Organon*, p. 50.

honest indignation and disgust. We question whether a much gentler spirit ought even now to be exhibited towards those, whose practice has been purged of much of its dross and enriched by nearly all it possesses of worth, through the labours of that great man and his early followers, whose memory they continue to disparage, instead of the rather joining us in gratefully honouring.

If we turn from HAHNEMANN'S writings to his method, we shall find examples recorded which establish the fact that his custom was to examine a case by every means known to him, enquiring into its pathology, as far as could then be ascertained, as well as taking the purely subjective symptoms, and with their help deciding on a remedy. In the case of a self-evident or external pathological condition, he would first examine the lesion and then note the subjective symptoms. This is illustrated in the anecdote recently quoted in these pages, as recorded by the late Dr. CARROLL DUNHAM, in an article by Dr. ORD, of Bournemouth, on the *Study and Use of the Materia Medica in Practice*.* In the directions for the examination of cases given in the *Organon*,† it is advised that the objective symptoms should be recorded after having taken the subjective in writing. This plan was followed in the two examples of treatment so often quoted from the *Materia Medica Pura*, vol. i., pp. 21-23, where the last symptom noted in each case is objective. In the second of the two patients, the man's disposition, "weakly, pale, etc.," is given first. The disorders that both these people suffered from being purely functional and temporary in their character, the symptoms were necessarily almost entirely subjective. In these days, when in the light of pathological investigations objective symptoms assume a constantly increasing importance, we should probably prefer to put them first; while the subjective signs, being chiefly of value for the purpose of deciding between the several drugs that have probably been suggested as the result of our examination of the patient, would occupy the second place.

We are certainly justified, in the face of these facts, in supposing that, were HAHNEMANN now with us, he would

* *Monthly Homœopathic Review*, June, 1894, p. 336.
† Section 90, p. 50.

advocate the use of stethoscope, microscope, and chemical re-agents, and invoke their aid in pathological diagnosis, as enthusiastically as the most advanced diagnostician amongst us. The procedure most in accordance with HAHNEMANN'S teaching we believe to be that advocated by the leading practitioners of our school to-day—to *first*, by the means suggested, elucidate all the objective symptoms, and through them to arrive at a diagnosis of the pathological condition; then, bearing in mind the various drugs that are capable of producing a similar change in the organism, to *secondly* take the subjective sensations, and comparing them with the former, from the true totality of symptoms, to so arrive at the selection of the proper homœopathic remedy. The cases—we admit their occasional occurrence—when this procedure must be modified, when no drug, capable of initiating a similar morbid change, is known, and when subjective signs alone are reliable, are, we rejoice to believe become daily rarer in the increasing light which pathology throws upon our Materia Medica.

Surely, with these considerations before them, few can fail to acknowledge how materially the additional methods of examination and of increased powers of diagnosis now at the disposal of every properly trained homœopathic physician, assist in the selection of the specific drug. To the minority who cling to the old narrow confines of more subjective symptomatology, and who fail to embrace the wider sphere now opening to our view—one, moreover, which we believe no one would have more gladly welcomed than HAHNEMANN himself—we would reiterate this fact:—The phenomena now observed and recognised by the light of pathology are included logically and necessarily under the heading of objective symptoms. Consequently, the directions given by HAHNEMANN for ascertaining the remedy from the totality of morbid phenomena, apply to these equally with the others. Therefore, in rejecting a portion of the symptoms, because they were not equally available for use in the master's day, they may be in danger of overlooking those most important or guiding signs, of which HAHNEMANN said, "*the most striking, singular, uncommon, and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view.*" Thus may some fail to select the

specific treatment. This is a danger to which those who rely too entirely upon repertories and materia medica schemata are exposed. One or two examples from practice may serve to emphasise this fact.

Mr. KNOX SHAW has pointed out for us the absurdity of sitting down to search *Repertory* and *Materia Medica* for a train of ear symptoms, before having examined the auditory meatus, which is afterwards found plugged up with wax, and only required to be syringed out to remove the whole series. A long standing and offensive leucorrhœa will not yield to specific remedies, however carefully selected, if dependent on the presence of an old and long forgotten pessary in the vagina, which we may have omitted to examine. The differential diagnosis between pleurisy (if not acute) and myalgia or muscular rheumatism of the intercostals is often impossible if subjective symptoms alone are considered, while the stethoscope at once decides for us, and will prevent a mistaken choice in the remedy we select. In the medical treatment of appendicitis, that dangerous condition on which we recently had so interesting a discussion at the annual assembly of the British Homœopathic Society, it appears doubtful whether we have any drugs possessing a distinct affinity for the vermiform appendix. And yet, on examining the *Repertory*, we find several medicines producing symptoms in that part of the abdomen which are apparently similar to those of appendicitis. We were glad to notice that not one of these was mentioned at the meeting in question, for the very good reason that they were due to affections of the right ovary in female provers, and have nothing to do with the colon. This is an example of the light pathology throws upon the symptomatology of our *Materia Medica*. Space forbids further instances being detailed, many others will doubtless occur to our readers.

We believe that another point of importance, which should increase the interest and zeal of every homœopathic physician in the pathological study and diagnosis of his cases, is this. That it was the lack of a scientific basis for symptomatology that compelled HAHNEMANN to adopt, what at that time seemed a somewhat artificial method of prescribing, in the almost mechanical comparison of symptoms—largely subjective—which he rightly and successfully advised. But every step forward in the study of our drug symptoms and those of disease

taken in the light of pathology, tends to render this method of prescribing more successful by giving to subjective signs a scientific and reliable basis. We thus become acquainted with their origin and meaning, and also reduce their number, inasmuch as physical examination more and more frequently provides for them an objective foundation. For these reasons, it seems probable that the cases in which we have to plead ignorance of the cause and pathology of the disease, and so must resort to more mechanical prescribing—which was necessarily adopted in all instances in HAHNEMANN'S days—will become less and less frequent with us in proportion as modern methods of pathological diagnosis develop a more objective symptomatology.

That there will always be a proportion of cases which yield no objective signs, and in which physical examinations fail to help us, is, of course, probable. Such must chiefly consist of purely functional disorders generally of a temporary nature. It is in these very cases that HAHNEMANN'S method, quite independently of pathology and diagnosis, has achieved some of its greatest and most frequent triumphs. This, too, so long as we are true to our principles, will continue to be the case. For these disorders repertories and symptom registers must remain in use. We believe, however, that the employment of such books will become less and less necessary or desirable in proportion as physical examination and diagnosis, based upon the study of pathology, become more accurate and more general in their application to all morbid conditions.

Since HAHNEMANN'S time, few have so nearly approached him in depth of reasoning and clearness of deduction from observed facts as the late lamented Dr. CARROLL DUNHAM. In an article by him on "Principles of Homœopathy,"* occur these words, with which we will conclude our remarks:—

"Let us remember that HAHNEMANN taught, and that we believe and teach, that the aggregate of symptoms, which we regard as identical with the disease itself, includes and comprises everything which the physician and attendants discover or have observed about the patient as different from his condition in health, and every deviation from health of which the patient is conscious. Let the physician avail himself of all

* *Lectures on Materia Medica*, vol. ii., p. 18.

the appliances of the modern accessory medical sciences, the most approved methods of research and observation; whatever he observes in any way in the patient which is a deviation from health, is a symptom in the sense of the homœopathist, and the aggregate of these symptoms constitutes for him the disease. I may say that the most recent and most enlightened writers of the old school, VIRCHOW, CARPENTER, BOUCHET, express themselves much in the same sense."

If imitation be the sincerest form of flattery, we may to these names add those of RINGER, BARTHOLOW and LAUDER BRUNTON.

IODIDE OF POTASSIUM IN BRONCHITIS AND ASTHMA.*

By T. D. NICHOLSON, M.D.

THE fact of the treatment of bronchial catarrh and asthma by *iodide of potassium* not being mentioned in the *British Journal of Homœopathy*, nor in any of the numerous works in common use treating of homœotherapeutics, makes me think the subject worthy of attention and discussion in our Society. I should make an exception of Hughes, who says, in his *Therapeutics:* "The treatment of asthma by *iodide of potassium* is growing in favour in the old school, and Bähr calls attention to the frequent occurrence of asthma among the symptoms of slow poisoning by this substance."

I propose, then, to study the symptomatology of *iodine* and *iodide of potassium*, and to compare their relationship to disease of the respiratory organs, adding some cases in illustration.

The Cyclopædia of Drug Pathogenesy has the following provings and poisonings:—

"Dr. Colby took 15 gr. *k. iod.* at one dose. He had terrible spasmodic pain at root of tongue and a sensation as if spasm would close the pharynx.

"F. R., æt. 35, had taken six doses of 10 gr. each of *k. iod.* After fourth dose he thought he had caught a violent cold and went to bed. At 1 a.m. on next night but one he woke up with sensation of choking and could scarcely articulate. In this state he was brought into hospital. Next day he was better. Laryngoscopic

* Read before the meeting of the Western Counties Therapeutical Society, December 14th, 1893.

examination showed slight congestion of epiglottis and vocal cords."

Dr. Wallace treated many syphilitics with *k. iod.*, giving 30 grs. daily, and noted the following incidental effects: "Irritation of Schneiderian membrane with considerable discharge from nares. Acute pain on false ribs accompanied by cough and difficult breathing."

Dr. Brunton says, after noting the running of the eyes, "Not unfrequently the bronchial mucous membrane becomes congested, there is cough and pain in the chest. These symptoms are most readily produced by doses of 2 to 5 grains, and they may usually be arrested either by discontinuing the medicine or increasing the dose. In some persons the congestion is not confined to the nose, but extends to the back of the throat and to the larynx, so that serious symptoms of suffocation may follow. It sometimes gives rise, not only to congestion of the bronchial mucous membrane and cough, but to hæmoptysis, exudation into the pleural cavity, and even pneumonic consolidation."

Dr. Horst, in *Hufeland's Journal*, gave a man, æt. 40, with a bronchial affection 1 gr. doses. "After each dose he felt in a few minutes congestion of head, vertigo, contraction of throat, dryness of mouth, anxiety, constant oppression of chest, cough, trembling of limbs, and staggering as if drunk. After an hour all the symptoms passed off."

The symptoms of *iodine* are quite as marked. Dr. Lorentz relates a very peculiar case in his own person. "On May 16th, at 6.30 a.m., he painted three times in succession the back of the hand and arm with *tinct. iodi.* for a sprain. Till 7.30 he kept in the open air; afterwards, while sitting in his room, he had suddenly violent coryza, with lachrymation, and pressing pains in the eyes, soon followed by violent cough and tendency to vomit, together with difficult, almost wheezing respiration, feeling as if the larynx was constricted externally, and great lachrymation. After half-an-hour the coryza, lachrymation and cough had completely ceased. There followed a slight frontal headache and violent itching exanthem.

Many other cases are reported after taking *tinct. iod.*, where the marked symptoms were oppression of the chest and cough, with burning in throat extending to

chest, and anxiety. On *post mortem* examination, Herrmann found the bronchial tubes down to their finest branches inflamed and covered by viscid mucus, the mucous membrane swollen and injected.

The similarity of the symptoms of *ipecacuanha* and *iodine* is sufficiently remarkable to deserve mention, and yet how rarely are the two drugs associated in one's mind. The symptoms common to both are coryza, salivation, nausea, constriction of throat with dryness, and gasping for breath. The *ipec.* patient is pale as death, whereas *iodine* produces congested face and more precordial anxiety.

Among the therapeutical authorities there are some who mention the homœopathic use of *iodine* favourably, though, of course, they have never discovered that its action is in accordance with Hahnemann's rule. For instance, Ringer says: "Patients of various ages and for many years are greatly troubled with attacks, repeated daily and lasting it may be several hours, of sneezing, running at nose of a watery fluid, weeping of the eyes and some frontal headache. Such an affection is often at once removed by *iodine* inhalation, and should it return may be again restrained by a repetition of its inhalation."

Flint says that *iodide of potassium* is very useful in some cases of asthma and not in others.

In Reynolds' *System of Medicine*, Hyde Salter does not mention its action, but Roberts says *k. iod.* affords relief in certain cases, and probably those accompanied by rheumatism would be most benefited.

Trousseau, on the other hand, is enthusiastic in its praise, and its action would coincide with his theory of substitution of drug action for disease. He says: "In a large number of cases of asthma I have had more success than with any other remedy, but in others failure and even aggravation."

I will now relate shortly a few cases in which I have given the *iodide* with success.

CASE I.

Miss H., æt. 21. Bronchial catarrh all winter, with hard cough, frothy expectoration and paroxysms of dyspnœa waking in night. *Ant. tart.* and *ipec.* were prescribed for some time with but partial improvement. The *iodide* was then given in 2 gr. doses regularly every

four hours for three weeks, and with constant daily amelioration of all the symptoms. She has passed through another winter since then with some return of bronchial catarrh but no dyspnœa.

CASE II.

Miss F., æt. 40. Chronic bronchitis and asthma, constant dyspnœa on movement but no spasms, cough with rhonchus and frothy sputum; patient thin and weak and very sensitive to cold. But partial relief from *ant. t.*, *ipec.*, *bry.*, *pumiline* or *strychnine*. *K. iod.* given in 5 gr. doses three times a day. There followed immediate improvement, so that patient was able to leave home two months afterwards for the Riviera. She has since then remained fairly well.

CASE III.

Miss K., æt. 35. Influenza and acute bronchitis. Usual symptoms continued for three days, and were followed by increased cough with dyspnœa and râles over chest. No improvement followed *ipec.* in three days. The oppression was marked but no paroxysm of asthma. I then gave *k. iod.* in 2½ gr. doses every four hours, and found next day a marked improvement in both breathing and cough. The pulse also became quieter, but the râles continued. In three days I changed for *phos.*, which cleared the case.

CASE IV.

Mrs. H., æt. 35. Influenza and acute bronchitis. Symptoms commenced December 2nd with fever, frequent hard cough, and asthmatic breathing and hoarseness. *Kali bich.* was ordered. On December 4th the cough was decidedly bronchial, with sibilant rales and dyspnœa all night, and sleeplessness and frothy expectoration, some pain and anxious expression. *Kal. iod.* was then ordered in 2 gr. doses every 3 hours. On 6th December I was informed that the symptoms quickly subsided and that she had slept all night. Certainly, the patient looked almost well, and I had no doubt the rapid change was due to the medicine.

CASE V.

Mr. R., æt. 28. Acute bronchial asthma. For years he had had occasional attacks, commencing with coryza and slight bronchial catarrh, and developing into paroxysmal asthma. The attacks have been shortened

lately by hourly doses of *acon.* and *ipec.*, the acute stage passing in two days and needing *ant. tart.* or *phos.* to finish. May 3rd usual attack, continued two days, and not yielding to *acon.* and *ipec.* Shrill cough and dyspnœa all day and attacks of asthma every night about 3 a.m., lasting an hour and relieved by steam and Himrod's powder. Rhonchus in chest, copious but difficult sputum, fauces congested. *Kal. iod.* given in 2½ gr. doses every 4 hours. On 6th May the cough and dyspnœa were quite gone. Some lachrymation and nasal discharge had followed the administration of the medicine for two days, but the symptoms were very quickly relieved.

Case VI.

Mrs. C., æt. 60. Acute bronchial asthma. January 2nd I was hastily summoned, and found the patient feverish, breathing with great difficulty, and looking very anxious. There was rhonchus and crepitant râles all over chest, not much cough, frothy sputum. Previous attacks had been less acute than this, but amendment had been always slow under *acon.*, *ant. tart.*, followed by *phos.*, and once by *pumiline.* I gave *aconite*, but without any relief, and the same night the symptoms were all accentuated, and the friends were much alarmed. I immediately ordered *kal. iod.* in 2 gr. doses every 3 hours, and found on my visit the next morning that all the symptoms had subsided in a quite unexpected manner, and two days more treatment effected a cure, with an entire absence of cough, râles, or any discomfort in breathing.

These cases have proved to my mind that *iodide of potassium* is of great value in bronchial catarrh, whether acute or chronic, if accompanied by dyspnœa, and I know of no other drug which will take its place.

The question arises—is the relationship of drug to disease a similar or a contrary?

Certainly not the latter, and the cases of poisoning quoted seem to prove the former. If this be accepted, then I say the drug should take its place in the homœopathic Materia Medica. The prominent symptoms in my cases are all found in the pathogenesy of the drug—increased secretion, watery or frothy, of the bronchial mucous membrane, cough, with pain in chest, oppressed breathing and anxiety, the train of symptoms usually

preceded by coryza. It is worthy of note, too, that I have generally used the same dose which has most readily produced the symptoms in cases suffering from other disease, viz., 2—5 gr. I have so far not found any inconvenience from this dose, though some patients say it produces increased nasal secretion for one or two days, and then subsides. However, the dose, though small, may not always be without unpleasant result, as witness the case of pemphigus related by Dr. Radcliffe Crocker in the *British Medical Journal*, December 2nd, 1893. Here the first dose of *iodide* produced symptoms of poisoning, probably due to kidney disease and defective elimination, and probably idiosyncracy. Albuminuria is, therefore, a contra-indication to *iodide* in material doses, and Dr. Crocker thinks that heart disease is also, but I have seen the drug given in large doses, and have occasionally given it myself in 5 gr. doses in cases of heart disease, when the heart muscle is unimpaired, with good effect.

Notwithstanding the above, I consider the drug in moderate doses a safe and reliable remedy, and very rapid in its action so as often to excite the astonishment and at the same time, the gratitude of the patient. I can recall many cases where I have failed from neglect of the drug, but none where I have failed from its administration. I may add that Hering recommends *hepar* as an antidote to the chronic effects of *iodine*.

With these few remarks I would earnestly direct your attention to this remedy, which is in my experience often overlooked.

Discussion.

Dr. E. Williams had often found *merc. iod.* 8x frequently repeated the best remedy in asthma, the spasms never lasting more than a few minutes.

Dr. Morgan related a case, where *iodine* 8x gave quick and permanent relief of acute bronchial asthma.

Dr. G. Wills reported benefit from *kal. iod.* and also from *arsen.* 200 in spasmodic asthma with digestive disturbance.

Dr. Cash, finding in the treatment of asthma remedies uncertain and yet relief urgently needed, had given recently with satisfactory results the following prescription: *liq. arsenicalis*, 2 min.; *potass. iod.*, 8 gr.; *glycerine*, 1 dr. every three hours. This in chronic and obstinate cases had rarely failed. He related five cases in illustration.

Case 1.—Stout, elderly lady. Severe attack of bronchial asthma with headache and congestion. *Ipecac.* aggravated; *aconite* and *grindelia* gave no relief; *glon.* and *nux.* were no better, but *iodide of pot.* and *Fowler's sol.* three times a day produced an immediate improvement, and in a few days her attack was over.

Case 2.—Stout unhealthy lady, æt. 65. Chronic bronchial catarrh with laryngeal spasm in recurrent severe attacks. *Acon., bryon, spongia, lobel., ipec., merc., nux. vom.,* and *ant.* were ineffective in one of her worst attacks, but the same prescription of *iodide* and *arsen.* succeeded as in the former case. There was profuse nocturnal sweating.

Case 3.—A feeble, dyspeptic man. Spasmodic asthma, reflex from stomach, and no cough. After the failure of *nux.* 1x, the same prescription relieved him in four days.

Case 4.—A stout lady of 70, who had lived in India, suffered from chronic dyspnœa, sometimes spasmodic. *Aconite, ipecac., nux.* and *lobelia* gave but partial relief, but immediate improvement followed the combination of *arsen.* and *iodide.*

Case 5.—Bronchial asthma in a photographer, who attributed his attacks to the inhalation of ammonia. They were frequent and severe, and had reduced his strength. After vainly trying *nux.* and *arsenic alb.* 3x, he was put on the same remedies as the other cases, with the result of a rapid cure.

Many remedies give relief in asthma, but when the cases are rebellious Dr. Cash strongly advocated *iodide of pot.* combined with *arsenic. Iodide* should also be thought of in stuffy or fluid nasal catarrhs, especially in rheumatic subjects with tender scalp and injected conjunctivæ or diffuse naso-pharyngitis and acne.

Dr. Wills remarked on the difficulty of finding a simile to asthma, which often dates from the suppression of an eruption by mercurials. He had found no permanent cure by anti-psorics. *Iodine* was, however, homœopathic to coryza.

Dr. Bird, referring to the eruption caused by *iodides* and *bromides,* stated that patients could bear large doses of *bromide* by adding 2 min. *Fowler's sol.* to each dose.

Dr. Nicholson, in reply, said that though they had not discussed the action of *iodide,* he was glad to find they were in practical agreement about its use in asthma and bronchitis, and that Dr. Cash's cases supported his own so well. As one of his cases had had *arsenic* before the *iodide* was given, it is probable that the latter drug was the active agent in the cure. He accepted the suggestion that *kal. iod.* 1x was quite worth trying in similar cases.

CASE OF TABES MESENTERICA WITH ULCERATION OF BOTH CORNEÆ.

By Edmund Capper, M.D.

The following case of localised necrosis of the cornea may possibly prove interesting to some of your readers, on account of the peculiar and rather rare features which it presents.

I was called to see the little boy, an infant of nearly nine months of age, on March 1st. His condition had been unsatisfactory since birth, and he had practically been under constant medical attendance. As the treatment adopted up to that time seemed to lead to no good result, I was asked to undertake the case, in order to see whether homœopathy would prove of any avail. This I consented to do, although from the first I was unable to give anything but a doubtful prognosis.

On examining the child I found him poorly nourished, though not very markedly emaciated. The abdomen was somewhat distended and hard, but no enlarged glands could be detected on palpation. He was very fretful, being apparently constantly in pain, slept very little, frequently rolled his head from side to side, and kept rubbing his closed eyes with his hands, as though they caused him much distress. The first sight of the child suggested meningitis, and I believe there had been some doubt as to whether this was present; but later observation distinctly negatived the idea. On drawing back the eyelids, on the cornea of one of the eyes (I forget which eye was first involved) just above the iris, was found what at first appeared to be a localised thickening or bulging of the corneal substance, forming a tumour about the size of a small pea, and of blackish colouration. There was considerable opacity of the cornea; but the most striking condition present was marked anæmia of the conjunctiva and sclerotic, the latter of which showed hardly any injection with blood vessels, and above all presented a peculiar shrivelled appearance. The eyes had been carefully examined a few weeks previously by the oculist who afterwards attended the case with me; and I have it on his undoubted authortiy that they were at that time perfectly healthy. Further,

the medical attendant in the case, before I was summoned, had failed to detect anything abnormal, even a day or two before my visit. This was a matter of some surprise to me at first; but the second eye becoming affected in exactly the same way during my attendance, the extreme rapidity of the destructive process explained the impossibility of diagnosing the condition before it was well developed. On the day after the localised thickening on the cornea was discovered, it was carefully incised and cut away by the oculist who attended with me in consultation, the little patient being placed under chloroform. The result of the operation showed that the tumour consisted of inflammatory deposit of a horny nature, which, being removed, revealed a deep ulcer of the cornea. Into this the iris was found to be somewhat prolapsed. The day after the operation the horny film was found to have again formed over the ulcer, so it was decided to leave it undisturbed for the present, and to perform iridectomy later on if necessary. At this time the other eye appeared quite healthy, with the exception of an abnormal non-vascularity; but later an exactly similar ulcer developed on the cornea, presenting the same features as the one described. The rapidity of the destructive changes was quite startling, for on one day no sign of ulceration was noticed, while on the next necrosis and sloughing were found to be well advanced.

With regard to the general condition of the child, in spite of all treatment emaciation gradually increased. Food was but imperfectly digested, always giving rise to great pain and flatulence; while the bowels were freely moved, generally several times a day. There was little actual diarrhœa, but the motions, although somewhat formed, were as a rule very soft, generally large in amount, and of a greyish-white, or sometimes of bright yellow appearance. The smell from them was abominable. There was never any vomiting, nor any sweating over the scalp.

Several cases of corneal ulceration, presenting features somewhat similar to those here described, are recorded in an article by W. T. Holmes Spicer, M.B., Ophthalmic Surgeon to the Victoria Hospital for Children, and the Metropolitan Hospital, in vol. xiii. of the *Transactions of the Ophthalmological Society of Great Britain*. He entitles his article, "Kerato-Malacia in Children," and

his remarks seem to throw so much light upon the case in question, that perhaps I may be pardoned for quoting him at some length. Referring to a series of cases by Thalberg, of St. Petersburg, in vol. xii. of the *Archives of Ophthalmology*, he mentions the following interesting facts.

Towards the end of certain religious fasts in Russia, the children of fasting mothers frequently develop simple primary gangrene of the cornea, preceded by xerosis of the conjunctiva. The same disease occurs in Brazil, where such fasts are not uncommon. "The children are generally from four to nine months of age, but may be older; they are undersized and wasted, and have the appearance of being very ill; their skin is shrivelled and has a dusky pallor. They have not, as a rule, suffered from ophthalmia nor any affection of the eyes. Suddenly one eye, then the other, has great intolerance of light. The lids become tightly closed. On separating them the edges of the lids will be found to be covered with sticky shreds of meibomian secretion. The eye is quite bloodless, without any appearance of inflammation; the conjunctiva is dry, without polish, is not moistened by the tears, and appears greasy. On one or both sides of the cornea little patches of fine foam can be seen, adherent to the conjunctiva. The surface of the cornea is also dry, lustreless, and greasy looking. As the disease advances the cornea becomes uniformly clouded up to its margins, and gradually takes on an opaque yellow appearance; later, spots of denser opacity appear, which spread, and finally the whole cornea is dissolved away to Descemet's membrane, which also disappears, leaving the iris exposed. The disease has often a fatal ending."

Dr. Spicer goes on to say that this primary keratomalacia is not common in this country, as fasting is not much practised; but it does occur in starving or hand-reared children, brought up on starch foods without milk, and foods in which nitrogenous elements and fat are wanting. He refers to experiments on dogs, in which it has been shown that corneal ulceration, leading to perforation, may be brought on by feeding the animal on nothing but pure white sugar and distilled water. He concludes that these facts all tend to show that the absence of nitrogenous elements or fatty matter in the food, may explain the cause of the whole trouble, and is

also an indication for treatment. He therefore recommends cod liver oil, and a diet of milk suitably diluted for the age of the child, together with a certain amount of the juice of raw meat pounded in a mortar, or chopped fine, and placed in a muslin bag, and given to the child to suck. If the cod liver oil cannot be taken, a little cream may be substituted, but feeding is often a matter of difficulty, as the children often have diarrhœa, and appear incapable of digesting anything. Locally he recommends *eserine* in the strength of ¼ to ½ grain to ʒi., dropped in the eye every four hours. He quotes several cases of primary kerato-malacia, which have come under his own observation.

The case described is apparently of the nature of those thus quoted, the sloughing and ulceration of the cornea doubtless depending on a condition of general malnutrition, manifesting itself specially in this particular region. It is interesting, therefore, to notice the means adopted for feeding the child from birth.

1893. June 5th. Breast milk alone for a week. Then barley water once in the night, and then twice in 24 hours. The barley water was gradually increased, as the breast milk diminished, which latter was given for a few days only twice in 24 hours; and the child was taken off the breast entirely at the end of July. Up to August 9th Swiss milk and weak Neave's Food were administered; then for a fortnight Swiss milk alone. Afterwards Swiss milk and Mellin's Food were given till Sept. 9th. From this to Sept. 15th, cow's milk and water in the proportion of 1 to 3.

From Sept. 15th to end of Nov., cow's milk and water in equal proportions.

From beginning of December to the 21st—

2	tablespoonfuls	of cream.
1	,,	milk.
2	,,	lime water.
3	,,	water and sugar.

From Dec. 21st to Jan. 15th, 1894—

1	tablespoonful	of cream.
3	,,	milk.
2	,,	lime water.
3	,,	water and sugar.

After this date to March 1st, milk and water in equal proportions were given, with the addition of a teaspoonful of cream in each bottle, and a teaspoonful of Mellin's Food twice a day, increasing the amount with each bottle.

On March 1st, when the case came under my care, I gave instructions for the child to be fed on milk alone, in the proportion of three parts of milk to one of water, sweetening with *sugar of milk*. At the same time raw beef juice was given frequently, and a teaspoonful of cod liver oil twice a day; while the oil was also used as an inunction. The child was taken out in the fresh air as much as possible when the weather was suitable. This treatment, with the exhibition of medicines which appeared indicated, at first seemed partially successful, but the condition of malnutrition afterwards gradually advanced, the patient dying on April 8th.

In the selection of the medicines which were administered the endeavour was, as far as possible, to meet the abdominal symptoms as well as the local condition present in the cornea. None of the medicines, however, seemed of marked benefit. Among those prescribed at different times were *argent. nit.* 3x, *aur. mur.* 3x, *sulph.* 6, *calc. carb.* 6, *iodum.* 3x, *merc. corr.* 3, *arsen. alb.* 3, *cham.* ϕ, and *nux. vom.* 1. The latter appeared to give most relief for a time, the abdominal pains being certainly somewhat diminished under its influence.

Locally *eserine* was used, together with antiseptic and soothing lotions.

Unfortunately, a *post-mortem* examination was not permitted, nor was I even allowed to remove one of the eyes for examination. It would have been interesting to ascertain whether the case was of tubercular origin. There was nothing, however, in the family history to point to such an explanation.

Liverpool, May, 1894.

AN AID TO THE DISCOVERY OF THE SIMILLIMUM.*

By George Black, M.B. Edin.

Gentlemen,—I suppose it is impossible for us ever to have more clear and succinct directions for the treatment of disease according to the homœopathic method than those laid down in the *Organon* by the master himself.

The plan he adopted proved marvellously successful in his hands, and the older practitioners who had come under the immediate influence of his genius and had imbibed his spirit, have also, in the cures they wrought, been the admiration and—shall I say it?—the envy of succeeding generations in the profession.

Now, what is the reason of this? Why should we, with our greater knowledge of to-day, with the aids to diagnosis largely multiplied, with instruments of precision for determining pathological changes which they never dreamed of, with a vastly increased literature and with the accumulated experience of all these years, why should we be less successful in our practice than they?

My belief is that supposing what I hear stated to be a fact it is largely due to a departure from the method advocated by Hahnemann and closely adhered to by his immediate successors.

When asked by some friends halting half way on the road to the homœopathic method of treatment to detail some examples of it, he says: "It is difficult to comply with, and no great advantage can attend a compliance with it. Every cured case of disease shows only how that case has been treated. The internal process of the treatment depends always on those principles which are already known, and they cannot be rendered concrete and definitely fixed for each individual case. Nor can they become at all more distinct from the history of a single cure than they previously were when these principles were enunciated. Every case of non-miasmatic disease is peculiar and special, and it is the special in it that distinguishes it from every other case, that pertains to it alone, but that cannot serve as a guide

* Read before the Western Counties' Therapeutical Society, May 30th, 1894.

to the treatment of other cases. Now if it is wished to describe a complicated case of disease consisting of many symptoms in such a pragmatical manner that the reasons that influence us in the choice of the remedy shall be clearly revealed, this demands details laborious at once for the recorder and for the reader. In order, however, to comply with the request of my friends in this also, I may here detail two of the slightest cases of homœopathic treatment." (*Lesser Writings*. Dudgeon's translation, p. 864.)

To one of these cases I shall revert shortly. Meanwhile let me express our thankfulness that the master was prevailed upon to comply with the request of his friends, and that as the result we are in possession of two examples of the working out of the homœopathic principle in its application to disease that shall be models in the new school of medicine for all time.

In the sentences I have read is to be found the key to the whole affair. It is our habits of generalising that have militated against our success, and my belief is that the farther we depart from the principles laid down by Hahnemann the less successful will our practice be.

I wonder how many of us adopt his method of case-taking, and write down as the patients tell it to us all that we deem essential, then make our examination, writing down the result of our observations, and reviewing the case till the picture of it takes shape in our mind, set about the discovery of its counterpart in the Materia Medica.

You say that in this age of eager haste and bustle it cannot be done; I say it can be done. Then you say the exigencies of practice will not admit of it; then the more's the pity. I sometimes wonder how it would be, supposing a hundred of us in practice, with a great love of our profession in our hearts, with a longing desire to do the best we could for our suffering brothers and sisters, with a strong belief in the truth of that law which guides us in our every-day contact with disease, and under no necessity to labour for the meat which perisheth, were only to undertake as many cases as we could thoroughly investigate and do ample justice to. Don't you think our results would be different from what they sometimes are?

We of the present day have the advantage of repertories, which, till Bœnninghausen's appeared, I suppose the older practitioners of the new school were without, but I think there is no doubt that they were better acquainted with the tools which they used. The Materia Medica was a more constant study with them than it is with us, and the genius of such medicines as they used was more accurately appreciated.

But the Materia Medica, as we have it, is a very different thing from what it was at the time when Hahnemann lived, and if it were possible to get along without some such aid then it is possible now if we are to avail ourselves of the material at our disposal.

Given a Materia Medica whose pathogeneses we can rely upon as accurate pictures of drug diseases, and a repertory that we can trust as we can *Cruden's Concordance of the Bible*, then it seems to me we are in a position to commence our work amongst the sick. But in order to success we must make the totality of the symptoms in each case the basis of our practice. I know that there are those who deny this. You are doubtless better acquainted with the writers of the organopathists of our school than I am, but perhaps I may be excused if I refer to two of them, viz., Dr. Sharp and Dr. Bayes.

There is an able review of Dr. Sharp's essay in the *British Journal of Homœopathy* (vol. xxvi., p. 316). In this the writer says: "We believe that Dr. Sharp's proposal to supersede homœopathy by what he calls, queerly enough, 'organopathy' to be, in place of real progress, a most decided step backwards, and the abandonment of a sound practical rule for a speculative and uncertain method which would deprive therapeutics of all the certainty which they have obtained by the adoption of Hahnemann's homœopathy.

"The objection to the so-called *organopathy* of Dr. Sharp will be apparent to the most casual observer. Most diseases do not appear to be localised in any one organ, or if they are it would puzzle Œdipus himself to tell which was the organ whose derangement caused the array of symptoms they present. And the same may be said of medicines, that their action is not localised in any one organ, but involves many organs.

"Let us illustrate the difficulties of an organopathist in his treatment, say, of *diabetes mellitus*. The

characteristic symptom, which is the urine loaded with sugar, he may consider to be owing to disease of the urine-secreting organ, the kidney. But some great authority will tell him, and will offer him many reasons for ascribing this characteristic symptom to an affection of the blood. But, lo! another great authority maintains and argues that it is owing to an affection of the stomach. Stop, cries a third, I can prove to you that it is owing to a derangement of the liver. A fourth steps in and insists that it is caused by an affection of the brain, and to prove the truth of his theory he scratches the floor of the fourth ventricle with a pin, and behold, sugar appears in the urine. In the midst of this conflict of opinions, how is our puzzled organopathist to select his remedy? Is he to choose a kidney, stomach, blood, liver, or brain remedy, supposing always he has succeeded in discovering the medicine appropriated by each of these organs, which will be an equally hard task."

Another well-known organopathist, Dr. Bayes, in his *Applied Homœopathy*, says, "On reviewing the medical facts which have come under my notice in my practice during the past twenty-six years, I am led to two conclusions, first, as to the nature of disease, that it is always a negative state: a condition of debility, and secondly, that specific restorative stimulation is the true indication for its cure." "I use the word specific," he adds, because drug stimulation, and indeed all medicinal stimulation, should be directed specifically to the weakened and debilitated tract, part or organ, and should stimulate it alone, leaving such tracts, parts or organs as are already in a state of proper tension or tone untouched, and without medicinal perturbation."

This is beautiful theoretically, but practically it is not worth the paper it is written upon. Once a remedy is placed on the tongue, or taken in liquid form into the stomach, by what fine contrivance are you going to direct it to that tract, part or organ alone that requires stimulation?

"The catholicity of the principle," he further declares, "embraces the whole sphere of therapeutics; it is no narrow creed, but a broad law, definite yet comprehensive."

"The duty of the physician," he says, "is to ascertain the exact seat of such failure of tone or power, and to administer such an amount of stimulation as shall restore the tract part or organ to its healthy tone or power."

Now, let us see how an organopathist is placed in regard to the law which regulates our practice as homœopathists. "The value of this rule, *similia similibus curentur*," Bayes says, "in a practice founded on the theory of specific restorative stimulation, depends on five points:—

"1. On the accuracy of the diagnosis, both differential and as to precise anatomical seat.

"2. On the accuracy of the selection of a drug whose pathogenesis corresponds to the anatomical seat of the lesion.

"3. On our knowledge of the natural history of the morbific cause, and of the whole morbid sequences it has power to induce.

"4. On our knowledge of the consecutive pathogenetic results of the medicinal drug whose pathogenesy corresponds to the morbid results of the morbific cause.

"Lastly. On our administering the drug in such a dose as shall stimulate the tract, part or organ up to the point of health in so gentle and gradual a manner that there shall be no subsequent recoil."

All this sounds very learned, but if it does not amount to a mere tissue of high-sounding words and phrases, let us see how it works in every day life.

In the *British Journal of Homœopathy*, vol. xxi., p. 22, is a "Case of softening of the Brain and Hydrocephalus," reported by Dr. Bayes, which is instructive, as giving us an insight into the practical working of the homœopathic rule when founded on the theory of specific drug stimulation.

The child was seen by him for the first time on the 6th of Oct., 1862, and after giving a vivid picture of its condition he says he ordered a hot bath and mustard plaster over the abdomen and prescribed *acon.* and *bell.* On the 7th, *bell.* and *merc.* alternately; on the, 9th *arn.* and *merc.*; on the 10th, *arn.* and *zinc. met.*; on the 11th, *op.* afterwards *cuprum*, then *arn.* and *bell.*, finishing off with an enema of castor oil. On the 12th, early in the

morning the father gave a tea-spoonful of castor oil, and Dr. Bayes prescribed *arn.* and *hyosc.* On the 16th the child had symptoms of faintness at times for which brandy and port wine, 5, 10 or 20 drops of the former well sweetened, of the latter "a little in water." On the morning of the 18th the child died.

Now, if this is a fair sample of organopathy in action then give me by preference the teaching of the *Organon* as the basis of my practice.

In vol. xix. of the same journal there is an article from the same writer on "Hydrastis Canadensis in Cancer," but I don't think it possible for anyone familiar with the pathogenesis of *hydrastis* to say that Dr. Bayes could have prescribed it, because these corresponded with the morbid results of the morbific cause.

In a case of cancer of the lip which he cites the description is that at his first visit it was a moist running mass of fungoid granulations. The pathogenetic account of *hydrastis* given in Allen is that "the mouth, lips and nose were very much swollen, and pimples made their appearance during the day round the mouth and chin resembling the early stage of small-pox or varioloid; on the next day they began vesicating. I should have pronounced it small-pox if I had not known the previous history of the case. The pustules began to sink in the centre and turn black; then commenced drying, went through the various stages of small-pox or varioloid, and scaled off on the 9th day."

He says, "In a case of cancer of the left breast, with retraction of the nipple, occurring in a young unmarried woman of about 22 years of age, the tumour has almost entirely disappeared. The tumour when she first consulted me was as large as a small egg." Now, the only pathogenetic effect relating to the mammæ is that "a vertical drawing streak was felt on muscles of left breast, half way between nipple and sternum. This came quickly, about 12 inches long; seemed to spread like a feather, each way from the median line. It went as quickly as it came (first day). Sneezing generally causes sharp pain in right breast between 3rd and 4th ribs to right arm, down arm and forearm to wrist at 9 a.m."

He also bears testimony to the value of this drug in some cases of obstinate constipation, which we all readily

admit, and which Dr. Hughes has particularly emphasised, but then he didn't get his information from the pathogenetic effects of the drug, for these point much more to its being a remedy for diarrhœa than for constipation.

It seems very curious after the case of hydrocephalus which I have just read to you, with its frequent changes of medicine, that we shall be told "the treatment of disease, taking the pathological changes as the indications, is always more precise and definite than the subservient following of symptoms, because these may change in their phases many times during the course of a day or of a few days, and would need, if we were to take them for indications, the frequent change of the medicinal drug, a practice confusing to the practitioner and disadvantageous to the patient."

"In phthisis," he says, "we leave the hectic fever, which is an indication of the disease and not one for its treatment, and seek a remedy known for its power to induce lung affection." Quite so. But is there no medicine which, in inducing lung affection, also gives rise to hectic fever? Does not the existence of the hectic fever still further assist us in the choice of our remedy? To say we are to seek a remedy known for its power to induce lung affection is to talk very vaguely. Many drugs do that, and which of them are we to select, and how are we to do it unless from the disease picture that is in our mind after possessing ourselves of the totality of the symptoms?

By way of illustration he adds, "Just as in a case of intermittent fever we do not treat the chill stage with one drug, the hot fit with another, and the perspiration with a third, but administer a medicinal drug which has the power to induce all these consecutive conditions in the order of their natural course, and which will induce if long continued a cachectic state similar to the signalæ of the disease." A couple of pages further on he relates an obscure case of ague, the fits occurring four times a day, always at the same hours, cured rapidly by *cedron*, while he says Dr. Casanova showed has this peculiarity of exact periodicity as to time.

The fact is that the ideas of the organopathists, however powerful they may appear theoretically, are

impossible in practice, and will only act as an *ignis fatuus* to the man who follows them.

What have we left then? We have the method of the Master. "The perfection of a cure" he says "consists in restoring health in a prompt, mild and prominent manner, in removing and annihilating disease by the shortest, safest and most certain means upon principles that are at once plain and intelligible."

"It may be easily conceived that every malady presupposes some change in the interior of the human economy, but our understandings only permit us to form a vague and dark conception of the change from a view of the morbid symptoms which are the sole guide we have to rely upon except in cases that are purely surgical. The immediate essence of this internal and concealed change is undiscoverable, nor have we any means of arriving at it."

In a foot note on page 107 of the *Organon* we find a quotation from Rau to this effect:—"The physician who engages in a search after the hidden springs of the internal economy will hourly be deceived; but the homœopathist who with due attention seizes upon the faithful image of the entire group of symptoms, possesses himself of a guide that may be depended on, and when he has succeeded in destroying the whole of them, he may be certain that he has likewise annihilated the internal hidden cause of disease."

"The totality of the symptoms is the principle and sole object that a physician ought to have in view in every case of disease.

"A single existing symptom is no more the disease itself than a single leg constitutes the entire of the human body.

"That which destroys the totality of the symptoms of the disease ought equally to put an end to the morbid change in the interior of the organism, because the destruction of the former cannot be conceived without that of the latter."

In his paper *On the True Place of Specifics in Pharmacodynamics*, Dr. Drysdale, one of the most scientific and distinguished minds that ever adorned the profession makes a comparison between *simile*, *similius* and *simillimum*. "In the first degree, or *simile*," he says, "are

placed those cases of the relief of local inflammation by topical irritant applications which themselves, if strong enough, would cause an inflammation in the same parts if healthy, and to this extent, therefore, may be described as homœopathic.

"In the second degree, *similius*, are contained those substitutives which act upon the seat of the disease through the system by virtue of their physiological specificity of seat or elective affinity. But here, as in the former case, there can be no differential diagnosis between different remedies that act on the same organ or part." "Third, *simillimum*. Here the remedy corresponds specifically both as to the seat and character of action supplying the exact stimulus necessary to fill up the want and thus regenerate the irritable matter-protoplasm—in its integrity.

"To carry out this effectually all the resources of semeiotics may require to be drawn upon, or, as expressed by Hahnemann, the totality of the symptoms must be taken into account."

"It is never the object," he continues, "in direct treatment to obtain the second stage of medicinal action, and in the *simillimum*, where the action of the stimulus is limited to filling up a want and regenerating irritable matter, there is no danger of collateral second stage action, and, coupled with the infinitesimal dose, no danger of aggravation, there being thus no stimulation in excess of health there is no tendency to collapse or recoil, and any curative effect once obtained is complete and without tendency to relapse. It is otherwise in the *similius*, for there the adaptation of the stimulus is only partial, and does not fill up the want completely as to quality. The cure also is only partial, because the medicines of the *similius* class possess the power of suppressing without radically curing the disease."

As there is no royal road to learning, so there is no cut and dried method of practice of general application in the homœopathic school, and I have found out by experience that if anyone leaves the high road of orthodox medicine for the less trodden path of the newer treatment under the impression that it will prove an easier and a shorter way, he will have his eyes opened as he goes along, and will presently be made aware of

the mistake he has made. That it will prove a pleasanter way I readily admit, just as the lawns and by-paths of our country afford us more delight than is to be obtained by tramping along the dusty highway.

To leave the vague uncertainty of orthodox medicine, in the conscientious exercise of which one's faith in remedial agencies becomes feebler and feebler, for a system based upon a law of cure that is applicable in all cases and in all circumstances, that will act as a friendly beacon in the darkest night and an unerring guide in the most difficult exigencies of an anxious profession, surely this is to make a change for the better.

As the things we learn in early life cling to us in after years, so do the teachings of our student days cling to us and fetter us when we fain would shake ourselves free from their influence.

(To be continued.)

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

(Reported by Dr. Washington Epps.)

Since the last report, consultations have been held on May 18th, June 1st, 15th and 29th, and July 20th; when thirty-four cases, of more or less interest, have been shown.

The first session of the consultation days ended on July 20th, and on the whole, it may be considered a fairly successful one; 96 cases have been shown on the sixteen days, and they have nearly all been interesting from some point, *i.e.*, severity, rarity, or as demonstrating some particular line of treatment.

The attendance has been very encouraging. All the members of the consulting and acting staff have attended with one exception, some only once, others on every occasion. The attendance of medical men not on the staff has been most encouraging; thirty-three visitors in all have favoured us with their presence, some on as many as eleven different days, others only once. One of our veterans, Dr. A. C. Clifton, has honoured us with his presence on several occasions, and has given us the

benefit of his long and very extensive experience. Our three consulting physicians and our consulting surgeon have also given us some of the fruit of their extensive practices. Dr. Dudgeon was present on six occasions. We sincerely thank these veterans for so kindly assisting our efforts and encouraging us in our new departure.

The following are some of the cases shown at the last five consultations.

Case I.—*Seborrhœa psoriasiformis.*

Dr. Epps showed this case. A lad of eleven, who was suffering from well marked seborrhœa all over the scalp, face, trunk and limbs. Excepting on the scalp, the patches looked at first sight very like ordinary psoriasis.

The patches were principally circular, varying in size from a crown to a silver penny, brownish red in colour and covered with a thin greasy parchment skin, which, on being torn off, left the patch without the usual bright red easily-bleeding points as seen in psoriasis. The patches were distributed all over the face, neck, trunk and limbs. The largest and most fully developed patches being in the axillæ. The knees and elbows were free from rash, in this entirely differing from psoriasis. The rash was of seven weeks' duration and was accompanied by much irritation.

The scalp was one mass of waxy scaly accumulations, more than an eighth of an inch thick. The eyebrows and eyelashes were also full of the same waxy scales.

The point of interest in the case was the diagnosis between seborrhœa psoriasiformis and true psoriasis. The principal points laid stress on were the presence of seborrhæa capitis, the distribution of the patches, present in the axillæ and on the flexure surfaces, and absent on the knees and elbows, and the scales being more fatty and less abundant.

The treatment advised was *sulphur* internally, hot baths, with soap well rubbed in to remove the scales, and a sulphur ointment thoroughly applied.

Case II.—*A tumour in the region of the left kidney, in a woman.*

Dr. Byres Moir showed this case in Quin ward. The patient was a married woman, aged 29, who had suffered ever since childhood from pain in the left side.

Family history.—Father died of vesical calculus. Mother healthy, no history of gout or rheumatism.

Personal history.—Patient had always suffered from pain in the left side. In childhood she had had pain in it. Then she lost the pain for some years and afterwards it was brought on again, she thinks by lifting. She had noticed a swelling in her left side for 6 or 7 years. It had been much bigger for the last nine months, since her last confinement. She had noticed matter in her urine for about six months. The pain in the side was greater when the urine was thicker, and the urine had never since been clear. She had been married five years, had had three children, the youngest was nine months' old. The pain in the side was worse during her confinement. She had never passed blood in the urine to her knowledge, nor had she passed any gravel or calculus. There was no history of rigor. She had had a hernia since her first confinement. The pain was always increased on exertion.

On inspection a distinct fulness and bulging was visible in the left flank.

Palpation. From an inch to the left of the umbilicus and extending round into the loin was a hard tumour, reaching under the costal margin and down to a finger's breadth above the iliac spine. The tumour was movable, and was very tender to touch at its most prominent part.

The liver reached 1½ inches below the costal margin.

The lungs were normal. There was dulness at the left base for two ribs. The urine was sp. gr. 1030°, acid, and contained albumen, urates and pus.

The above was the condition of the patient at the consultation.

Mr. Knox Shaw, after hearing the above history, considered the case one of diseased kidney, that a calculus had blocked up the ureter and caused a pyo-hydronephrosis, and advised an incision into, or removal of, the kidney through the loins.

Dr. Burford considered it a surgical condition of the kidney, and advised operation.

Dr. Johnstone agreed in the above diagnosis, but thought that the possibility of tuberculosis should be first ascertained.

Eleven days later (May 29th), under an anæsthetic, Mr. Knox Shaw made a four inch lumbar incision. The muscles were found thin and stretched, and the perirenal fat soon reached. The capsule of the kidney was adherent to the surrounding parts and much thickened. A hydrocele trocar was introduced and passed about two-thirds of its length before pus was reached. A good deal of pus escaped. The puncture was then enlarged and the finger introduced into the kidney. The kidney was found to contain many smooth loculi and was enormously enlarged. No calculi were discovered. There was comparatively little hæmorrhage.

The cavity was afterwards washed out with boroglyceride, after which it contracted very much. A large drainage tube was introduced, and iodoform and cyanide dressing applied. At the time of writing this report (August 10th) the patient was still in hospital, and was making very little progress towards recovery, and the tumour had not markedly decreased in size. There was still considerable discharge from the wound in the loin, and the question of complete removal of the disorganised kidney was under consideration.

CASE III.—*Enlarged glands in the neck, following amputation of tongue for epithelioma.*

Mr. Knox Shaw brought up this patient from Hahnemann ward.

Patient was 66, who up to June, 1892, had had fairly good health, excepting a dry rash at 49 years of age. He had had gonorrhœa as a youth, but had never had any symptoms of syphilis. His wife was sterile. He was first seen by Dr. Epps in March, 1893, when he complained of a sore tongue, which had troubled him for some years; since the last summer the soreness had so much increased that he had to give up smoking. The tongue at this time (March, 1893) was very irritable and inflamed, especially on the left anterior half, and near the tip there was a small ulcerated growth. The substance of the left half of the tongue was thickened and distinctly hard. Patient suffered from great pain when eating and less pain when talking. No glands in the neck could be felt and the floor of the mouth was free from disease. Several remedies, as *phytol.* 1x, *ac. nitr.* 2x, *merc. cyan.* 3x, *hydrastis* 1x, *aurum iod.* 3x, and

thuja 12, were given during the next two months, but the disease steadily progressed. A deep ulcer formed on the side of the tongue and the pain became most intense, both with eating and talking.

In June, 1893, Mr. Knox Shaw saw the case and removed the anterior half of the left side of the tongue with scissors. The operation was most successful, the stump rapidly healed and patient made a very good recovery. All pain and tenderness disappeared, so that patient could eat and talk with complete freedom. The speech was remarkably good, considering that more than a quarter of the tongue was removed, and the tip was adherent to the floor of the mouth. This immunity from pain and tenderness continued for ten months, until about a fortnight before the consultation, when patient returned, complaining of swelling under and below the left sterno-mastoid. The glands in the left triangle were found enlarged and tender. The tongue remained absolutely free from any return of the epithelioma, also the floor of the mouth.

The unanimous opinion of all present was that the enlarged glands should be removed at once. Mr. Knox Shaw said he thought the result of the operation on the tongue showed that we were clearly justified in removing the half of the tongue last year, as the patient had had nearly a year of complete comfort and freedom from pain.

The enlarged glands were removed the next week. Some considerable difficulty was experienced in their removal, on account of adhesions to the surrounding parts, but the wound healed by first intention. Unfortunately, the neighbouring glands began to enlarge very soon after the patient left the hospital.

Case IV.—*Profound anæmia in an infant, with enlarged spleen.*

This case was shown by Dr. Epps. The little patient was ten months of age, and had been attending his out-patient clinic for a month. He was one of twins, and had been suckled entirely up to the time he was brought to the hospital. The other twin was hand-fed.

The child was extremely anæmic and blanched. The cheeks had a bronzy tint. Net weight 15¾ lbs. Thirsty.

No teeth. Bowels loose and frequent. Pulse very rapid. He had been suffering from a bronchial cough. The base of the left lung was less resonant than the right. In the abdomen, left hypochondrium, was a hard solid body, evidently the spleen, which extended from the seventh *left* rib, nipple line, across the abdomen to a level of the hip in the *right* nipple line, and thence into the pubic region, filling nearly half the abdominal cavity.

The diagnosis at the consultation was leucocythæmia, and the remedies advised *arsenic*, *phosph.* and *ferri phosph.* The other twin, which was hand-fed, had also been under Dr. Epps' care. At eleven weeks of age it was suffering from marasmus, due to bad feeding, and weighed 6¼ lbs. net. Under a suitable diet of oatmeal water and milk and *calc. carb.* 3-12, and *lycop.* 3x for constipation, the child grew rapidly, became perfectly healthy, and weighed at the end of two months' treatment 12¼ lbs. net.

Case V.—*Hydrocephalus.*

Dr. Epps exhibited this case, which was of considerable interest from the extreme distension of the calvaria.

The family history was as follows: Father, a soldier, married at 20, the mother was then only 17. She had had eleven pregnancies, the first resulted in a miscarriage, the other ten in living children; of these, the fifth died in India, at 9 months, of consumption of the bowels, and the sixth in Chelsea, at 13 months, of convulsions; the others, ranging from 21 to 3 years, were healthy, and the patient aged 6 months. The labour with the last was easy. Fourteen days after birth, when the mother first washed her babe, she noticed that he had an unusual soft place over the occiput. At the consultation, the infant had an enormous head. It measured 25½ inches in circumference, 15 inches from one ear tip to the other, and 19 inches from the bridge of the nose to the lowest part of the occiput. The child was very well developed in the trunk and limbs, and extremely healthy. He had cut the two lower incisors. The mother was suckling him, and he had been entirely free from convulsions. The orbits and brows had quite disappeared from the extreme distension of the cranial bones.

The upper lids had from extreme distension disappeared, giving a very queer expression to the child.

The consultants did not advise any operation. Mr. Knox Shaw advised the giving of *helleborus*, as he had seen this drug given with advantage in a similar case until it disappeared from his observation. Dr. Dudgeon advised *helleborus* and *calc. carb.*, *c. iod.* and *c. phosph.*

Since the consultation the child has been given *helleborus* 1, *calcarea* 12, *ac. fluor.* 12, *calc. fluor.* 6, and lastly *canth.* 2x, all without any appreciable effect. August 3rd, when the child was last seen, the circumference measurement had increased to 26½ inches.

Case VI.—*A tumour in the neck.*

Mr. Wright exhibited this patient, who had been attending his clinic. The patient was a male, aged 52, who had noticed a swelling in his neck for about twelve months. At first it was about the size of a walnut, but it had grown very rapidly of late, and become very hard. There had been aching pain in the tumour from the commencement, and some slight difficulty in swallowing fluids, but none with solids.

Patient lived in the south of London and drank Vauxhall (Thames) water. He had been vaccinated twice, the last time when 42 years of age. His general health continued good until about twelve months ago, when he began to waste and his appetite to fail. His sleep had during the last few months been disturbed by the pressure of the growth.

The diagnosis was malignant disease, probably carcinoma of the thyroid and lymphatic glands. *Arsenicum brom.* was suggested as the most hopeful remedy.

Mr. Wright also showed an infant suffering from lateral curvature of the spine and of the tibiæ, due to rickets.

Case VII.—*A tumour connected with the parotid gland.*

Dr. Goldsbrough brought this patient for an opinion as to the character of the growth, and suggestions as to treatment. The patient, aged 38, was a silversmith and metal worker. At 14 years of age he first noticed a tumour the size of a pea in the region of the left parotid

gland, which was removed at Charing Cross Hospital. At 21 he had a severe blow on that region, and a larger growth followed, which was also said to have been completely removed five years ago.

At the consultation, patient had a growth about 4 inches from above downwards, 3 inches from behind forward, and about 2½ inches in thickness, situated over the left parotid. The structure did not feel homogeneous, the thickened cicatricial tissues being on the surface with a tumour of cystic feel underneath, and posteriorly a hardened and more prominent part of the tumour, the whole being freely movable over the parotid gland. Dr. Goldsbrough had been administering *calc. iod.* 3, 2 and 1, and occasionally *merc. biniod.* 3, for the last six months, and there had been evident diminution of the size of the growth at first, but it had been stationary lately.

Mr. Knox Shaw considered the tumour a fibroma on account of its recurrence. If the tumour remained stationary or became smaller, he advised the continuance of the previous treatment, but if the growth increased it should be completely removed.

Mr. Wright thought the tumour a nævo-lipoma, and advised removal. He remarked that if in the removal the smallest particle of the growth was left behind, the tumour would be sure to recur.

Dr. Moir said as the tumour was recurrent, he should advise removal.

Dr. A. C. Clifton advised the continuance of the treatment for twelve months.

Case VIII.—*Laryngeal phthisis.*

Dr. J. Roberson Day showed this case, a woman, aged 42 years, a widow for 12 years, suffering from laryngeal and pulmonary phthisis.

There was tuberculosis of both lungs, with a vomica in the right. She was rapidly losing flesh and was expectorating blood-streaked purulent phlegm. About Christmas, 1892, her voice first became husky. The treatment had been *arsen. iod.* 3x, gr. ii., ter die, and *tuberculinum kochi* 4, ♏ i, twice a week.

The case was shown specially for the laryngeal condition. The left cord was extensively ulcerated and the ulceration also extended down into the trachea.

The treatment suggested for the laryngeal condition was *kreasotum* 3x, *lactic acid* 3x and *merc. biniod.* 3x; inhalations of *kreasote* and a spray of *lactic acid*, gr. x.-xxx. ad ʒi., applied locally.

CASE IX.—*A child with diseased bone in the finger.*

Mr. Gerard Smith exhibited this case, specially for an opinion as to the advisability of surgical interference.

The little patient, aged four years, had injured his index finger two years previously. This set up primarily periostitis and abscess, but without symptoms of necrosis, and on probing no sequestrum was found. The swelling of finger increased during six months until the bone was almost globular. At the end of this period, under a prolonged course of *silica*, the bone became much smaller.

At the end of a second six months, an abscess again formed, was opened, and a probe passed into a soft mass. The finger again greatly improved, and became smaller under a course of *hepar* and *silica*.

A short time before the consultation a further injury caused fresh swelling and enlargement of the bone, and patient was brought to the hospital for the opinion of the surgeons as to the advisability of amputation.

Mr. Knox Shaw saw the case, and considered it one of traumatic strumous dactylitis. He did not think there was any sequestrum present, and was against amputation. He thought the finger would quite recover under *cod liver oil*, *silicia* and *calcarea*.

Mr. Wright agreed in the diagnosis and prognosis. He suggested *arsen. iod.* internally and locally iodoform gauze.

Drs. Byres Moir and Epps quite concurred in the above opinion. They had both frequently had similar cases of strumous dactylitis, in which complete recovery had taken place under *silica*, *calcarea* and *calc. fluor.*

(To be Continued.)

A CASE OF UTERINE HÆMORRHAGE TREATED WITH THLASPI BURSA PASTORIS.

By HENRY MASON, M.D., M.R.C.S.

SINCE the appearance in the *Review* of October, 1888, of Dr. Dudgeon's paper on the use of *thlaspi bursa pastoris*, I have had two or three cases in which the drug was

prescribed, and one of these I wish to place on record, as it seems to afford strong corroborative proof of its value in uterine hæmorrhage. Other two cases in which I prescribed it derived no benefit from its use, but both were of a malignant nature. In all it was given experimentally, and only after such well-tried agents as *secale*, *bell.*, *calc. c.*, *crocus*, &c., had proved of no avail. I did not observe any increase in the solid constituents of the urine as noticed by Dr. Dudgeon, but this excretion and discharges from the uterus were frequently of a distinctly green colour whilst the patients were taking the drug.

Mary P. sent for me on Aug. 3rd, 1892. Her clinical history was briefly as follows. She was 36 years of age, had been married for 13 years and borne three children, the youngest of which was seven years old. She had fairly good health till 1889, when she had a bad miscarriage. After this she was always ailing, suffering from pelvic distress of some kind, chiefly characterised by pain and tenderness in the hypogastric region. Two years after the first she had a second miscarriage at Easter, 1891. This she says was followed in twelve days by influenza. On getting up hæmorrhage began, and continued, with intervals of cessation which would last occasionally for one or two weeks, till April, 1892, when she went into the Leicester Infirmary, and was operated upon on the 19th of that month. Mr. C. J. Bond, who performed the operation, has kindly given me the following details:—

"I found the uterus large with fundus completely retroverted and bound down to rectum by adhesions, the left appendages were also very adherent and Fallopian tube distended (hydro-salpinx). These were removed, and, the uterus being freed and replaced, the stump was fixed in the abdominal wound to prevent recurrence of the retro-version. The right appendages were so adherent that I could not remove them." After operation the hæmorrhage ceased for two months, but began again at the end of June, and continued without a break till July 31st, four days before I saw her. My notes at the time describe the patient as excessively pale and anæmic, tissues soft and flabby, but not markedly emaciated. She had constant pain all over

the sacrum and loins. There was sharp pain on micturition. Each time before the hæmorrhage used to begin she would have a pain referred to the cardiac region as if she must stretch herself. There was no discoverable heart disease, and all other organs appeared healthy. She complained chiefly of exhaustion and prostration consequent on the loss of blood. Nothing abnormal was discoverable on palpation, beyond tenderness over the cicatrix of the operation wound, which had healed firmly. On vaginal examination the anterior segment of the cervix and uterus seemed so much enlarged that I diagnosed fibroid. This I believe now to have been a mistake, and it was probably due to a fixed anti-flexion, the result of the operation.

By way of treatment I employed all the usual methods, enjoining perfect rest with hips raised, cold applications, hot applications, &c., numerous drugs were given which seemed indicated, *lilium*, *secale*, *ferrum*, *bell.*, *crocus*, *sabina*, and some others, but the hæmorrhage continued, never ceasing for a longer interval than a week, for another three months. Then *thlaspi* occurred to me, and though expecting nothing from it, I directed the patient to procure the dried herb, make an infusion from it, by adding half a pound to a quart of boiling water, and take a wineglassful three times a day. Almost at once improvement set in, hæmorrhage became less severe, the intervals began to lengthen, and in three months the discharge was not more than would be present at an ordinary period. I advised the patient to discontinue the remedy, except for a week before each menstruation, and in three or four months to leave it off altogether. In March, 1893, I saw her again and found a recurrence of the hæmorrhage, though it was not very excessive. She had disregarded my advice as to discontinuing the *thlaspi*, and had taken it regularly every day since I had seen her last. The recurrence was entirely due, I believe, to the excessive quantity of *thlaspi* she had taken, and it quickly ceased when the drug was prohibited. The improvement still continues, and probably her climacteric is approaching. Last winter she was for thirteen weeks without hæmorrhage, and at this date, May 1st, 1894, has been free for nine weeks.

Leicester.

CASE OF MELANCHOLIA, TREATED BY GLONOINE ALONE.

By W. Simpson Craig, M.D., Bedford.

May 3rd, 1894. Miss J. G., æt 24. A tall young lady with black eyes and hair. Born in Barbadoes and lived there till a year ago. Weight, 11st. 10lb. She is stout, with a florid complexion, and has a congested and hyperæmic appearance generally.

Since October, 1893, she has suffered increasingly from symptoms of acute melancholia. Intense indefinite misery, with fulness and throbbing of the head; oppressive discomfort about the heart; weight and fulness in the abdomen, particularly in the region of the hypogastrium; frequent urging to pass water.

There are no delusions, but she sleeps badly, and is tormented with a constant rapid current of thought when she tries to go to sleep.

The bowels are constipated, and the catamenia are regular but very scanty.

She has suffered mental depression before, and always associated with stoppage of the catamenia.

Prescribed *glonoine* 1, one drop three times a day.

August 4th, 1894. Was conscious at once of relief from the medicine, which she continued to take till all the distressing symptoms gradually disappeared, the catamenia at the same time becoming free and natural in quantity.

REVIEWS.

The American Institute of Homœopathy, Denver. Section of Materia Medica and General Therapeutics. Programme of Section. Frank Kraft, M.D., Chairman; W. E. Leonard, M.D., Secretary.

This is a singularly interesting little book. The topic selected for the study and discussion of the section was *How to Teach and How to Learn Materia Medica.* None more important to the future development of homœopathy could come under the consideration of any body of medical men practising homœopathically. In order to obtain material for

examination and discussion, the chairman and secretary procured short notes, in answer to five questions, from the majority of the professors of Materia Medica at the several medical colleges in the United States where homœopathy is recognised and taught; from others who have, in years gone by, taught this department of medicine; and from Drs. Dudgeon, Hughes, Edward Blake, Skinner, and Hayward, of England, and Dr. Jousset, of Paris. The questions were:—1. What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study? 2. Which is the best method of teaching Materia Medica?—(*a*) for the preceptor to the student; (*b*) for the teacher to his classes in the college; (*c*) give an outline of your method of teaching a drug in the class room. 3. Which is the best place for teaching therapeutics?—(*a*) hospital; (*b*) dispensary; (*c*) cliniques; (*d*) class-room; or (*e*) bedside; and how should it be done? 4. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate? 5. When should the *Organon* be taught, and how?

With the replies sent to these five questions the 110 pages before us are occupied. Interspersed through them are well-executed portraits of several of the contributors. Of the views expressed by the various teachers on some of these points, we may almost say, *tot homines tot sententiæ*. One and all are, however, well worthy of the consideration of those who are engaged in the important work they are concerned with, while not a few would form admirable texts for elaborate essays.

To the first question—"What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study?"—the answers are widely different. Dr. Dudgeon, with sound practical common sense, thinks "that during his preliminary year he had best give his whole attention to the subjects required for this preliminary study, and leave Materia Medica alone until he has mastered them." Dr. Skinner, after the manner of a true "Hahnemannian," advises that this youth, fresh from school, should, during this preliminary year, "do his best to comprehend the spirit and letter of the *Organon*." To accomplish such an end as this, a youth requires to have pursued a very different course of study to that provided at an ordinary school or in the literary classes of an university. Professor Monroe says, "Don't study Materia Medica in preparatory year. Ground the student in anatomy, physiology, chemistry, botany, and pathology." This is, with the exception of pathology, very suitable work for a preliminary year, and would abundantly

occupy every moment of a student's time. Pathology cannot be intelligently or usefully studied until familiarity with anatomy, physiology, and chemistry has been acquired, or, indeed, until some hospital or other clinical work has been accomplished.

The second question, "Which is the best method of teaching Materia Medica?" is the most important of the series. The answers to it show a certain amount of uniformity of method to prevail among the different teachers. With a few there is still apparent a want of discrimination between those symptoms which have been proved to have resulted from a healthy person taking a drug, and such as have chanced to disappear from a sick person when taking it, or again from such as have been inferred from the general action of a drug to be amenable to its curative power. These two last classes of symptoms may, for all practical purposes, be described as "clinical;" and while a student ought to be made acquainted with them, they ought never to be mixed up with those that are the positive effects of a drug upon the healthy body. They come under the head of *therapeutics*, not of a homœopathically applied Materia Medica. Professor McMichael, for example, writes of "giving briefly the physiological effect of the drug, symptomatological characteristics only being alluded to; and then comparing these characteristics, when possible, with symptoms of other drugs which are identical in phraseology or symptoms, or which are similar in meaning to the extent of four or five comparisons; at the same time bringing out some one or two peculiarities of each drug which will characterise it from others." If Dr. McMichael were to adhere strictly to symptoms which have been produced by drugs, and to treat them in this way, it would be useful; but he gives an example of his method, which shows conclusively that he regards clinically inferred indications to be on the same level with purely pathogenetic symptoms. It is as follows:—

Drugs.	Pain in left ovary.	Distinction.
Cimicifuga.	Neuralgic pain in left ovary extending up and down left side, also across the abdomen. Great tenderness on touch.	Direction of pain. Tenderness.
Graphites.	Swelling of left ovary, with violent pain on touch and inspiration. Menses scanty and pale.	Swelling, aggravation and amelioration.

Drugs.	Pain in left ovary.	Distinction.
Lachesis.	Violent pain in left ovary and sensitiveness to weight of clothes, relieved by menstrual flow. Hot flushes. Pains extend from left to right.	Sensitiveness, amelioration.
Zincum.	Boring pain in left ovary, relieved by pressure during menses. Fidgetty feet.	Character of pain and amelioration.

The symptoms here recorded by Dr. McMichael have never, so far as our opportunities of research enable us to ascertain, been produced by either of the medicines named. They occur among the clinical sections of Professor T. F. Allen's *Handbook of Materia Medica*. We do not dispute their value as clinical indications, but we protest against such indications being taught as what they are not—observations of the effects of these four drugs upon healthy women. Lecturers on Materia Medica ought to keep closely to such material as can be shown to be the results of drug action upon healthy men and women, and, as supplementary to this and expository of it, upon the lower animals. To acquire a knowledge of comparative Materia Medica, the student must make his comparisons from the *Cyclopædia of Drug Pathogenesy*, and not from clinical observations in the wards.

The methods of Professor Conrad Wesselhœft, of the University of Boston, and of Professor Mack, of the University of Michigan, appear to us more thorough and useful than any of the others.

The former says that "the students are directed how to make short provings upon themselves, several working together preferable; these provings are then to be compared with reliable collections as found, say, in Hughes' *Cyclopædia*. The students should also be instructed in analysis of provings; that is a comparison of several provings of the same drug by different provers. I strenuously require that provings be judged as to their value by agreement of results obtained. This analysis being completed and written out in brief narrative form, they are next taught to make a repertorial arrangement of their narratives. Following this would come the clinical work. Pharmaceutical knowledge being involved in this work, attention to it is paid whenever required. . . . The didactic part furthermore includes the description and classification of medical substances; its origin and place in

nature are first mentioned, its toxic effects explained, and a comprehensive synopsis of its best provings given in narrative form. The history and results are related, so that students are constantly reminded that the provings represent a group of symptoms analogous to groups found in natural disease. I describe the pathogenesis of a drug precisely as I would the indications for a remedy. I ask them to imagine a case of illness characterised by certain symptoms; the student is then told such is the effect of *arsenic*, *belladonna*, *sulphonal*, &c. In this way they habituate their minds to symptomatological work in comparison, comparing at once drug effect and symptoms of natural disease. Neglect of pathological thinking is obviated; he is taught that a symptom of value as an indication is always of pathological value, and should be distinguished from the manifold mere sensations which fill our text-books." (P. 45.)

Professor Mack describes his mode of teaching materia medica in the following words:—"I first give what seems of interest regarding the origin and history of the drug, its botany and chemistry. If a serious poison, I state its effects, showing what are due to its dynamic properties and what to its physical or chemical properties. I take up old school writers and follow out the pathogenesy; if the drug is one of which they treat, I point out that what is recorded by the old school under physiological action is not pathogenesy. For each drug that I teach I have made out a chart based upon toxicologies and old school Materia Medica and upon the *Cyclopædia of Drug Pathogenesy*. Of these charts I have made enough copies to put a chart of each drug into the hands of each student. Clinical symptoms and clinical verifications I do not put into the charts. I think that one who teaches them should always keep them distinct from records of pathogenesy. I give instruction regarding such rational practices and such empirical practices as commend themselves to me. I sometimes discuss some given practice advocated as rational by others, and point out what seems to me fallacious in it."

The answers to the third question—"Which is the best place for teaching therapeutics: hospital, dispensary, clinic, or bedside, and how should it be done?"—show a much greater amount of unanimity, and are represented largely by the reply of Professor Gilman, of the Hahnemann College, Chicago, who says: "Each and every one of these has its place—its especial advantages and uses; all are desirable, none can be omitted without decided loss." To the second part of the question, Professor Leonard, of the University of

Minnesota, replies: "Bedside teaching should consist of demonstration of the patient's objective and subjective conditions by the teacher; and, as students become more experienced, the offering of both diagnosis and prescription by them instead of the teacher." This was the plan pursued by the late Dr. Hughes Bennett, with a few of the members of his clinical class at the old Infirmary at Edinburgh, and a most admirable plan it is. Professor H. C. Allen says that the best place is, "wherever a sick patient can be found." This locality is not only comprehensive but well selected!

The fourth question is, "Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?" Here, too, there is far more unanimity than we should have expected upon a subject regarding which opinions are so numerous and so different—one to the elucidation of which so much time, imagination and printers' ink have been devoted. "Potency," says Dr. Dudgeon, "is a secondary consideration," and so most of the American teachers seem to think. Out of twenty-two, twelve reply: "I don't teach potency," or do so in words to the same effect. Professor Royal, of the University of Iowa, candidly says, "I do not teach potency (and I detest the word), because I do not know enough to teach it." The perusal of all the replies to this question more than ever convinces us that the majority of homœopathic physicians choose their attenuation or dilution as Dr. Wilks once said that the majority of non-homœopathic physicians selected their medicines, by "simply following the dictates of their minds." "I teach," writes Professor Mohr, of Hahnemann College, Philadelphia, "that there is no law governing potency." "Potency," says Professor Gilman, of Hahnemann College, Chicago, "is largely a matter of experience and not a scientific essential." "As no law of potency," writes Professor Snow, of Pulte College, Cincinnati," "has yet been discovered . . . I carefully refrain from teaching the potency." Hence, the knowledge requisite to distinguish the cases that require crude doses of medicine, or low attenuations, or high dilutions, being non-existent, "the choice of potency," in the words of Professor McMichael, "becomes a matter of experience which varies with each individual." In short, each man is guided in this matter by the "dictates of his mind." And so long as he does not ramble into the use of "potencies," having, as Dr. Dudgeon puts it, "only this in common, that they are diluted with an impure menstruum, and are of unknown and uncertain strength," and does not stray too far from the dose that is of pathogenetic power, "the dictates of his mind" may operate

without fear of diminishing his success on the ground either of an excessive or of an insufficient dose.

The fifth and last question is, "When should the *Organon* be taught, and how?" The majority of the contributors to this symposium would have this most difficult work studied during the first and each year of student life.

Dr. Dudgeon's reply is, that "it should be studied by every one for himself, and its teachings accepted and endorsed by every teacher of homœopathy, where they are not inconsistent with the ascertained facts of modern science." The *Organon* should, we submit, be read and studied with the aid of an interpreter well versed in the results of the scientific enquiries of the last sixty years, and able, from such knowledge, to comment upon this important work of the first quarter of the present century by the light shining upon us in its concluding years. We sadly need a commentary upon the *Organon* written from this point of view, one which would enable students to read it intelligently. Prof. Mack says, "One can better teach homœopathy without the *Organon* than with it." "The *Organon*," writes Prof. Hawkes, of Chicago, "should be taught from the 'cradle to the grave' in medicine." These views represent the extremes, and between them opinions vary widely. In our opinion, it is a work which can only be studied with advantage by one who has a thorough knowledge, not only of the practice of medicine, but of the history of the art. By such an one it will be understood and appreciated.

This interesting little book is completed by a synopsis of papers by Dr. Dake, of Nashville, Dr. Crutcher, of Chicago, Dr. Shannon, of Denver, Dr. Royal, of Des Moins, Dr. Duncan, of Chicago, Dr. Jones, of Ann Arbor, Dr. H. C. Allen, of Chicago, Dr. Jousset, of Paris, and Dr. Wilson Smith, of Morgan Park, Illinois.

We will conclude our notice with a sentence from Dr. H. C. Allen's paper—*The Danger to Homœopathy*—which ought to be impressed upon the mind of every physician practising homœopathy.

"Our Materia Medica" writes Dr. Allen, "is the corner stone of our science, and upon its correct teaching depends the success or failure of the individual practitioner; if that individual err in the application of remedial agents, failure more or less pronounced must be the inevitable result, and our system of therapeutics necessarily receive a blow. If *similia* be a law of nature it cannot be improved by a mixture with error."

NOTABILIA.

BRITISH HOMŒOPATHIC SOCIETY.

At the annual assembly of the Society, held June 26th and 27th, Dr. Byres Moir was elected President for the ensuing session 1894-5, and Drs. Goldsbrough and Neatby Vice-Presidents. To increase the interest in, and to better organise the work of the Society, the Council proposed that in future the arrangement of papers, &c., should be in the hands of three sections, Materia Medica and Therapeutics, General Medicine and Pathology, and Surgery with its allied branches and Gynæcology. Each section to have three evenings allotted to it in rotation, and to be responsible for the papers to be read on their respective evenings. These proposals were adopted, with some slight modification in detail, and the members of the sections were elected. The sections have met, elected their officers, and commenced work. The members of the sections are as follow:—

Materia Medica and Therapeutics.

Dr. Dudgeon, *Chairman*, Dr. A. C. Clifton, *Secretary*, Drs. Pope, Hughes and J. D. Hayward.

General Medicine and Pathology.

Dr. Blackley, *Chairman*, Dr. Goldsbrough, *Secretary*, Drs. Byres Moir, Dyce Brown and Roberson Day.

Surgery with its Allied Branches and Gynæcology.

Dr. Burford, *Chairman*, Mr. Wright, *Secretary*, Mr. Gerard Smith, Drs. Neatby and J. D. Hayward.

The Hon. Secretary of the Society, Mr. Knox Shaw, is *ex-officio* a member of all the sections.

In future, offers of papers should be made to the Secretary of the section under which the subject of the paper would come. During the session 1894-5, Thursday, Oct. 4th, Jan. 3rd, April 4th, are devoted to the Materia Medica and Therapeutic section; Thursday, Nov. 1st, Friday, 7th, May 2nd, to the General Medicine and Pathology section; and Thursday, Dec. 6th, March 7th and June 1st, to the Surgical and Gynæcological section.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Like our own British Homœopathic Society, the American Institute of Homœopathy has in this year 1894 celebrated its

jubilee. The meeting was held at Denver, Colorado, too far away from almost everywhere to admit of "a record" gathering, at any rate in point of numbers. Still two hundred and seventy members were present, and these were representative men including the most earnest workers from all the States in the Union. Hence we are not surprised to learn from the *Hahnemannian Monthly* that the meeting was distinguished by earnestness of purpose and to have been full of enthusiasm, or that the high literary and scientific standard of the work of the sections was fully maintained and in some respects excelled that of previous meetings. We regret that the overburdened state of our pages precludes us from giving a full notice of the proceedings. Dr. McClelland, the well known surgeon of Pittsburg occupied the presidential chair, and delivered an eloquent address, in which he reviewed the state of medicine and the progress of scientific therapeutics during the last fifty years. Professor Helmuth of New York "dropped into poetry," reciting some original verses to the great pleasure of everyone. Dr. Fisher, of Chicago, the editor of the *Medical Century*, was chosen president of the next meeting, to be held at Newport, Rhode Island, in 1895. The choice lay between Dr. Comstock, who, graduating in 1851, joined the institute in 1866, and Dr. Fisher, who took his degree in 1872, and was admitted a member of the institute in 1874. We are, therefore, not surprised to find the *Hahnemannian Monthly* describing the selection as unsatisfactory, and, by expressing a hope that in future "the office will seek the man," hinting that the electioneering methods pursued were not precisely those adapted to a scientific body. Still the same journal expresses a "confidence that he will prove equal to the occasion, and that his administration will be tempered with a discretion and conservatism that will maintain the dignity of our honoured institute."

The subscriptions promised to the monument to be erected to the memory of Hahnemann in Washington, at the conclusion of the meeting amounted to $20,000. The balance of $40,000 is to be raised next year in Newport. The proceedings of the meeting were very fully reported by *The Rocky Mountain Daily News* and *The Denver Republican* and profusely illustrated by woodcut portraits of the principal members.

THE CALCUTTA HOMŒOPATHIC MEDICAL SCHOOL.

[We have much pleasure in extracting the following paragraphs, which, we are sure, will interest our readers, from the Report of the School for the years 1893-94, kindly

sent to us by Dr. M. M. Bose, of Calcutta. We wish him and the School continued and increasing prosperity.—Eds. *M.H.R.*]

The admissions in 1893 show continual increase in number of students. Punjaub was long unrepresented in the school, but last Session we have had a student, a Sikh, son of a respectable Sirdar from Ludhiana. This young gentleman is a graduate of the Madras Government Agricultural College, where he was supported by the Nabha Raj. Application for admission has been coming in from the far off North-Western frontier, Quetta in Beluchistan. The name of the school has spread all over the continent of India.

The number of seniors passed and of the licentiates has also been greater than in previous years. In February, 1893, we had 25 and in last February 40 candidates for the final. Corresponding increase has also taken place in the number of licentiates, which qualification will, from this session, be granted in June every year, three and not six months after the final examination which is now held annually in February. Henceforth the *licentiateship only*, and not the senior examination, will qualify one to practise homœopathic medicine and surgery.

It has been proposed to create from this year a Membership of the School. In order to encourage passed students to prosecute further studies, after graduation, it has been arranged to deliver a special course of lectures in medicine, surgery and allied branches, on which examinations will be held in each October, and Membership granted to those who will have passed the test.

It is satisfactory to notice that the third year students are especially interesting themselves in the clinical instruction. Although it is compulsory only to keep notes of 50 cases shown in the classes, a good many students have recorded, and that carefully too, a larger number. Habits of observation, differentiations and correct diagnosis and prognosis have been the result of the clinical teaching of past year. Remembering the loose and off-hand manner in which cases are dealt with ordinarily in treating cases, particular stress is laid on this branch of practical teaching.

As usual both the summer and winter sessions have been opened with inaugural addresses. On the first day of the session, 15th of June, the classes were opened by the Principal with a general discourse on some of the essential requisites to be possessed by a student of medicine on entering upon his professional studies; such as mental capacity, patience, powers of physical endurance; quiet, keen sympathies, honesty and purity of thought, word and deed. The advantages and difficulties of a medical life were clearly pointed out, as it often happens that the student takes up a line for which, after all, he is not fitted. The practical observations concluded with an exposition of the noble and self-sacrificing mission attaching to a work of a medical man. The medical student should be enthusiastic in his love of work, keen, punctual and conscientious in the discharge of his duties, regular and methodical in his studies.

The following is the account of the inaugural address delivered

on the 5th of July, 1893, on the formal opening of the *Summer Session.*

The inaugural scientific address in connection with the opening of the twelfth summer session of the above Institution was delivered at the City College Hall, College Square, by Professor J. C. Bose, B.Sc., of the Presidency College on "Electricity and its Uses in Medicine with Projections by Optic Lantern." There was a large attendance, and among those present were Sir Romesh Chunde Mitter, Kt., Rev. Father Lafont, Rai Jotendra Nath Ra Chowdhry, Babu Jogendra Kishore Acharya Chowdhry, Jogendra Kishore Rai Chowdhry, Dr. Nando Lall Ghose, the Hon'ble Justice Guru Dass Bannerji, Kumar Rameshar Malia and Babu Dharani Kant Lahiri.

Mr. R. D. Mehta, the Sheriff of Calcutta, presided. In opening the proceedings, he said,—I deem it, indeed, a great privilege to preside on this occasion. I have always felt a deep interest in all institutions which are the outcome of private effort. This Institution is deserving of our sympathy, for in addition to the private and energetic effort of our esteemed friend, Dr. Bose, it has reference to a technical branch of knowledge by which we all derive great benefit from an institution like this. I shall not say anything more, but at once call upon the learned lecturer to deliver his address.

The lecturer then delivered his address. Rev. Father Lafont proposed a vote of thanks to the lecturer. The Honorable Justice Guru Dass Bannerji, in seconding the motion, proposed a vote of thanks to Dr. Bose for the earnest effort he had made for the benefit of the public. With a vote of thanks to the chair the gathering dispersed.

Opening of the Winter Session on November 20th.—There was a large gathering present at the opening of the winter session of this school in the Science Association Hall, on Monday, the 20th November. Mr. B. De, I.C.S., was in the chair. Amongst those present were the Honorable Mr. Justice Guru Dass Bannerji, Father Lafont, Dr. Mohendra Lall Sirkar, Dr. Dowcory Ghose, Rai Jotendra Nath Chowdhry, Mr. R. N. Roy, Dr. Debendro Nath Roy of the Campbell Medical School, Mr. Kally Churn Bannerji, Rev. A. C. Seal, Professor J. C. Bose, Babu Umesh Chunder Dutt, Rai Gunabhiram Boruah Bahadur, Mr. Hammergren and some ladies. On the motion of Rai Jotendra Nath Chowdhry, seconded by Dr. Dowcory Ghose, Mr. De was voted to the chair. The President opened the meeting by some appropriate words regarding the good and useful work that the school was doing in alleviating miseries and illnesses, commending it to the notice of the public, and then asking the great scientist, Father Lafont, to deliver his interesting address. As usual with the Father, he graphically described the various methods of electricity, how they are used, the different electrical instruments for examining the throat, mouth and nose. Lastly, by the aid of the magic lantern, the learned lecturer showed the different deformities of the body, and how they looked after electrical treatment. It was with rapt attention that the

immense body in the galleries listened to Father Lafont's exposition. A hearty vote of thanks was proposed by Professor J. C. Bose, B.Sc., of the Presidency College, and seconded with his usual eloquence by Mr. Kally Churn Bannerji. The meeting separated after the Chairman was thanked by Mr. R. N. Roy, Deputy Accountant-General, and Mr. Umesh Chunder Dutt, Principal of the City College. Mahamahopadhya Mohesh Chunder Nyaratna, C.I.E., Dr. K. G. Sircar and Mr. Oung, Assistant Accountant-General, expressed their regret at not being able to be present, from unavoidable causes, at this interesting ceremony.

Popular Scientific Lectures.—These lectures are becoming more and more attractive year by year. A good many people from outside come to witness these expositions. Our students take down notes of the substance of the addresses. The *first* lecture was delivered by Mr. P. C. Ray, Assistant Professor of Chemistry in the Presidency College, on the 22nd July last. The subject, the "Air we Breathe." was demonstrated with a good many interesting experiments. The combustion of sulphur, phosphorus and iron wire in pure oxygen, as also the economy of the two important constituents of the air, oxygen and nitrogen, were shown. The injurious effect of carbonic acid gas and the various other offensive matters thrown out of the lungs, and the advantages of thorough ventilation were also dwelt upon. The students so much appreciated the lecture that they in a body requested the learned Doctor to repeat his demonstrations. The *second* scientific address was delivered, on August 5th, by Mr. P. N. Dutt, B.Sc., London, Deputy Superintendent Geological Survey of India, on "Geology and Sanitation." By diagrams and the exhibition of different kinds of clay, he illustrated the nature of the soil best suited for habitation. The question of drainage was also referred to.

The *third* meeting for hearing an address on "Hygiene" by the Principal, was held in the City College Hall, on the 19th February, just on the eve of the close of the winter session. The lecturer dwelt on the marvellous effects that the sanitary laws have produced on the people in general by making their homes sunny and comfortable, and reducing death rate so low as 16 per thousand of the population. Such important subjects as water and its purification, air and ventilation, food, soil and habitations, removal of excreta, clothing, exercise and climate were treated in their relation affecting the people as both members of households and as citizens.

It will be seen from the notices in the announcement that arrangements have also been made in the coming session for the delivery of popular scientific addresses by well-known lecturers like Father Lafont, Professors J. C. Bose and P. C. Ray, Dr. B. Sen and Messrs. P. N. Bose and Dutta. In these days of progress all around, the system of popular lectures for enlightenment and general information has been gaining ground, and the school authorities have taken advantage of this idea and promulgated these lectures.

Obituary.—We have to deeply mourn the loss of Nawab Abdul Latif Khan Bahadur, C.I.E. Although old in age, he was always

young in attending the scientific lectures and the annual prize distributions. Even in very sultry days, when the heat was too much to bear and his health was indifferent, the late Nawab Sahib used to come and attend our meetings and encourage us in our work. He used to take personal interest in the welfare of the school, and gave us necessary advice as to the conduct and management of the Institution. May his noble and edifying example in this direction be followed by others of our countrymen. Amidst numerous pressing engagements his mind was always bent on works of education, both scientific and general.

Presentation.—It is with gratification that we have to announce the presentation of a very useful Chart descriptive of human Anatomy by an ex-pupil of our school: Mirza Mahomed Babur, a scion of the late Royal family of Oudh. Here is a letter of the Mirza, dated the 8th of October, 1893, to the Principal of the school.

"My dear Sir.—It is as a token of sincere regard and gratitude for the trouble you are taking for the diffusion of Homœopathic knowledge amongst my countrymen, that I offer you this humble present of an Anatomical Chart. I sincerely hope that you will kindly accept it, as it will prove greatly useful to the students of your school."

We are thankful to the young Prince for this noble gift. It has cost more than Rs. 150. It is to be hoped that our ex-pupils who are now spread all over the country, will show practical interest in their *Alma Mater* like Mirza Sahib. We would wish all our past students to take a kindly interest in the Institution which has opened to them a useful career in life.

THE KENSINGTON, NOTTING HILL AND BAYSWATER HOMŒOPATHIC DISPENSARY.

The second annual report of this institution shows 123 patients admitted and 597 attendances.

The medical officers are Dr. Byres Moir and Mr. Spencer Cox.

EXETER HOMŒOPATHIC DISPENSARY.

We are pleased to observe from the Report of the Exeter Hospital Saturday Fund for 1893 that the Homœopathic Dispensary which has for several years received a grant of £10 10s. from this fund had in 1893 an additional sum of £10 10s. given to it, the reason assigned in the report being—"The demands of this very useful institution the committee find to be greatly on the increase."

CONSISTENCY.

The *Kansas Medical Journal*, under the heading, "The Size of the Doses," adopts in the most emphatic terms the philosophy of Hahnemann in the selection and administration of remedial agents. If a rose by any other name will smell as sweet, so a principle is none the less correct if there is a disagreement in the manner of its action which leads to different names. The article in the *Kansas Medical Journal* reads almost as if it were an excerpt from the writings of Hahnemann.

"It is hard for the practitioner of regular medicine to realise that *ipecac.* turpeth or mineral are other than emetics; that *aloes* and *sulphate of magnesia* are anything but cathartics. But *ipecac.* is one of the best agents to soothe gastric irritation: from one-sixth to one grain of the pulverized root, given every twenty to thirty minutes, will often check nausea and vomiting. It also acts upon the liver, and is a mild cathartic; not only is gastric, but intestinal irritation benefited by its use, and it has long been employed in dysentery. Large doses are advised, but given in this way it is difficult to prevent vomiting. When given in small doses and frequently repeated, it produces the desired result without the unpleasant effect. It also acts as a diaphoretic and expectorant. *Tartar emetic*, given in minute doses, from one-sixtieth to one-tenth of a grain, is one of the best expectorants.

"A large number, if not all, of the drastic cathartics, when given in very small doses, are tonics. Fowler's solution of *arsenic*, an irritant poison, when given in one-tenth to one-fourth drop doses, is soothing to the mucous membrane of the stomach. *In fact, there are few therapeutic agents but what have a two-fold action, and the physician who does not remember this and act upon his knowledge employs but half the power for good contained in the drug.* From one-tenth to one-sixth of a grain of *calomel*, taken three times a day, increases the red corpuscles of the blood and is an excellent tonic. In chronic malarial disease, where *quinine* will not break up the periodicity, one-fourth to one grain of *calomel*, given three times a day in connection with the *quinine*, will often break it up entirely."—*New York Medical Times.*

"THE STRICT INDUCTIVE METHOD OF HAHNEMANN."

In an editorial article in its March number the *Homœopathic Physician* reminds us of the words of Hering, that "if our school ever gives up the strict inductive method of Hahne-

mann we are lost, and deserve only to be mentioned as a caricature in the history of medicine." This "strict inductive method" it declares to be "simply the proving of drugs upon the healthy, and prescribing these proven drugs for similar symptoms in the sick." One would expect so earnest a preacher to follow out his own precepts, and that the pages of the *Homœopathic Physician* would illustrate the method thus (very properly) defined. But what do we find in the number of the journal which this editorial opens? There is an article called "Gleanings," consisting of a sort of repertory, in which the symptoms ascribed to the several medicines are quite as often "clinical" as pathogenetic. There is a case treated by the crudest isopathy—"medorrhinum" being given as soon as the patient's complaints were found to be a metastasis of gonorrhœa; and another of marasmus in a child, recovering under *calcarea carb.*, in whose pathogenesis the emaciation characteristic of this condition is conspicuous by its absence. These are the only therapeutical articles in the number. Surely, the "caricature" lies on the other side, and our so-called "Hahnemannian" friends should look at home before abusing their more liberal colleagues.

MR. TALLERMAN'S HOT-AIR CYLINDERS FOR THE TREATMENT OF CHRONIC RHEUMATISM.

A SHORT notice will be found in the report of the transactions of the Congress, of the exhibition of this new invention on June 28th. We append here a more extended notice of the apparatus and the new method of treatment. The object aimed at is to apply locally to the affected limb dry air of a temperature higher than can be attained by ordinary means. A temperature in the cylinder of 240° to 260° is borne with comfort for an hour, and the results are in many instances striking. The members of the Congress saw the case that was treated before them on June 28th before and after the bath, but those who were not present will be interested by the details of the case. P. Binsden, æt. 43, a painter, had acute rheumatism two and a half years ago, since when he has been a patient, off and on, at the Royal Free Hospital without benefit to his stiff joints. When he came up to the Congress meeting, his fingers were swollen, painful, and so stiff that he could not close either hand, though his right hand was worst. Both wrists were swollen and stiff, permitting of only very limited movements. His knee joints were also stiff and painful. His right arm was put in the cylinder, the temperature raised to 260°, and it was kept in it for an hour.

At the end of this time it was released. The man was then able to close the right hand without pain, while the movements of the wrist were distinctly better. The curious thing is that the left hand and wrist, which were not treated, were also much improved. He could close his left hand without pain, and the wrist movement was also better. The knee joints were also benefited, as he said he had no pain in them on movement. This result was certainly remarkable, and the same thing—the participation of the untreated joints in the benefit—has been observed in other cases. The probability is, judging by the improvement after one bath, that with a course of these local hot-air baths, this patient would completely regain the use of his stiff limbs. Another patient was brought up by Mr. Tallerman for inspection. He had been treated at St. Bartholomew's Hospital by a course of these baths, under the direction of Mr. Willett, one of the surgeons to the hospital. Mr. Willett delivered a lecture on the subject, which was published in the *Clinical Journal*. He there gave the results of the treatment in the different cases in which it had been used, and all cases where the joints were not ankylosed were more or less benefited. This man who came up to be seen was "James L." in Mr. Willett's lecture. Mr. Willett described his case as "extremely severe," one which threatened to "leave him crippled by adhesions," and "serious organic changes in the joints." The patient declared he had now no pain in any joints, the movements were quite free, and he said he was as well as ever he had been. This was certainly a remarkable and noteworthy result.

This mode of treatment for chronic rheumatism and rheumatoid arthritis promises to be a very valuable addition to our means of cure. Of course, in cases where the joints are structurally diseased, or ankylosed, no good result can be expected. Cases therefore that are suitable should be selected, otherwise disappointment must follow.

At the suggestion of several leading men in the profession, Mr. Tallerman has taken No. 50, Welbeck Street, where all forms of cylinders suited to different limbs are in working order, and where he, with assistants, superintends the treatment by this method of cases sent to him by practitioners, and under their direction.

MICRO-ORGANISMS IN MINERAL WATERS.

We mentioned in our issue of March 31 that MM. Henri Moissan and Leon Grimbert had been studying the bacteriology of seltzer and mineral waters as found in France. Since

then they have communicated another and fuller paper on the subject to the Paris Society of Therapeutics. The following table shows the results of the examination of water used in this country:—

—	Source.	Total Number of Colonies per c.c.	Number of Liquefaction Colonies.	Pathogenic Organisms.
Apollinaris ...	...	550	0	0
Contrexéville...	Pavilion ...	48,000	1,000	0
Vichy	Célestins ...	18,500	500	B.Coli communis
,, ...	Mesdames	50,000	8,000	B.Coli communis
,, ...	Grand-Grille	64,500	7,000	Pseudo-Coli
Vals	Saint-Jean	9,000	0	B.Coli communis
,, ...	Précieuse ...	11,500	500	B.Coli communis

The comparative freedom of Apollinaris from micro-organisms is astonishing, especially when the condition of the older waters is considered.—*Chemist and Druggist.*

BACTERIOLOGICAL RESEARCH.

In a review of Professor Greenfield's article in the new edition of Quain's *Dictionary of Medicine*, *The Standard* (July 9) after referring to the rapid advance which has taken place in the study of the morphology and life-history of bacteria, the variation of species, their resistance to temperature, light, and other things, the relation of the micro-organisms to the living body and the poisonous substances generated by them, the writer observes:—

"But when we come to the main question of public interest, and ask what is the practical outcome of all this prodigious scientific activity in its relation to the treatment of disease, what is its actual value at the bedside, the answer is, to say the least, very disappointing. In point of fact, the direct results of bacteriology, as regards both the prevention and the cure of disease, are up to the present time positively *nil*. True, it has had some indirect results which ought not to be overlooked, but which are hardly such as to be grasped by the general public.

For instance, it has, in the case of some diseases, added precision to the difficult and important art of diagnosis; again, it has done service to surgery by throwing light on the comparative values of various disinfecting substances, and by placing the principles of cleanliness on a more precise and rational basis; and it has done similar service to hygiene, by showing that certain diseases are more or less infectious which had not previously been thought to be so, and by emphasising the value of isolation and of general sanitation. In all these cases it has replaced opinion by knowledge, and vagueness by certainty, though it has not added anything essentially new. But such services, though considerable, are not what bacteriologists have promised themselves and have led the public to expect. When Dr. Koch identified the celebrated tubercle bacillus as the cause of consumption, in 1882, the sanguine scientific imagination, which has no business to be sanguine, at once perceived the millennium within sight, if not within immediate reach. The idea was that all diseases (more or less) were caused by some such organisms, that they had only to be identified in each case, when something that would kill them could be found out, and then there would be an end of disease. It is matter of common knowledge that the dream still remains unfulfilled, and that bacteriologists have tried to go a good deal too fast. They have been actuated by a spirit of rivalry—very honourable in its way—and in struggling to reach the coveted goal a good many have scrambled out of the course. As Dr. Greenfield remarks, 'A vast army of investigators have been and are engaged in the study; and whilst there is no kind of scientific investigation which demands more vigorous precautions in experiment, and more caution in inference, it is certain that a large number of observers have been too ready to announce supposed discoveries.'"

"THE PROGRESSIVE PHYSICIAN,"

The *St. James's Gazette* of August 22nd goes for this gentleman. The "progressive physician" may be understood to be the medical practitioner who keeps abreast of modern knowledge, but the class of doctors to whom the term would be generally applied are those who take up and exploit the latest fads in medicine; "the essence of the business being self-advertisement," and that, too, of a type which the Medical Council is powerless to stop. One method is to invent a new disease caused by "modern conditions of life," such as the agitation of mind caused by crossing much frequented spots

in London, which the specialist calls "Mansion House tremor;" or a new affection of the muscles developed in unskilful golf-players, and immortalised under the title of "bunker spasm." Another way is to apply modern science to revealing the awful dangers that beset our daily life—for instance, by estimating the number of microbes that may be scraped up off the floor of a four-wheeler—while a more refined plan is to write articles (signed, of course) on some "progressive" medical topic in the monthly periodicals. Subjects such as "City worry" or "Train fag" are suitable, and it may be some innocent people are taken in by the scare. The progressive physician takes mesmerism and furbishes it up, and runs it as hypnotism; he does the same with rubbing and calls it massage, baths become balneo-therapeutics, and so with a score of other "cures" connected with diet, dress, air, water, and all the common circumstances of life. All, or nearly all, of these rest on some truth and possess some value; they are not pure quackery, but have their proper use and are by no means the exclusive property of the progressive physician. He throws a theatrical air over what is to his colleagues merely an item in their professional equipment, makes a fad of it, and elevates it—if he can—into a fashionable craze; himself riding to fame and fortune on the back of his own creation. A case in point is the treatment by "massage," of which so much has been heard lately.—*Chemist and Druggist.*

A MISLEADING CIRCULAR.

The Lancet of the 18th ult. published a circular headed "The Midland Homœopathic Medical Institute," which is liable to be misleading. This so called "Institute" is, we are informed, simply a druggist's shop, where we presume that a certain amount of over-the-counter prescribing forms a part of the business of the enterprising proprietors. No member of the medical profession, whether homœopathic or non-homœopathic, has, we understand, any connection with it whatever.

CORRESPONDENCE.

PATHOLOGY AND SYMPTOMATOLOGY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The kind reference Dr. Proctor made in your August issue to the paper I read at Northampton, seems to demand just a word or two from me.

In that address I did not feel called upon to refer to the charges our opponents used to make as to our non-surgical proclivities, for obvious reasons; but I did try to consider the charge—still made—that we, as homœopaths, for the most part ignore pathology.

My remarks will have been utterly futile, if it can be shown that the word pathology does not convey the same impression to all, whether allopaths or homœopaths. In my opinion, he who does not recognise, or care to recognise, what morbid anatomy is represented by the symptomatology he may be called upon from time to time to observe, is no better equipped for practising medicine than he who is ignorant of regional anatomy is fitted to perform a surgical operation.

I find in my Liddell and Scott that πάθος means "anything that befalls one; a suffering; a passive condition, an incident."

Precisely; and he who does not make use of the signs and symptoms, objective and subjective, in order to gauge the probable internal and other changes in the economy of his patient, can lay no claim to be an accurate observer or to pathological acumen, as I understand the term.

A further reference to my address would show that, in my opinion, pathogenesy and pathology—towards both of which symptomatology acts as a galvanometer in its relation to certain electric currents—very often run in parallel directions.

Yours truly,

A. E. Hawkes.

Liverpool, August 18th, 1894.

SUPPOSED POISONING BY EUCALYPTUS OIL.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—I notice that in your January number a supposed case of poisoning by *eucalyptus oil* is reported as copied from the *Australian Medical Gazette*. Fearing this may be transferred to the text books as a proving of the drug, I will be glad if you will give the other version of the case, as at least I see it. The case occurred away in the bush, a few miles from Hobart. The child had symptoms of severe "cold" some time before; a doctor was sent for. He got rapidly worse, was indeed alarmingly ill, and the friends posted

off to the nearest village, but the doctor did not come till the following day, when he found his patient dying. There is no positive evidence that he ever took a drop of *eucalyptus*, but there is no doubt that the "pleural cavities contained a quart of serum," and one's ideas of the action of essential oils must undergo a very big change before one can believe that one would produce such results in 16 hours. Acute pleurisy explains all. In my practice, I find *blue gum oil* in nearly every house, and the people use it externally and internally for all sorts of ailments, but I have only seen one case where toxic effects were produced. In this, a very small child swallowed a measured teaspoonful, and an hour after, when I saw it, appeared to be profoundly intoxicated. I could wake it up, but it could not stand. Breathing and pulse were both slow and regular. I gave strong coffee, and in three hours the child was running about all right. I have used the oil very largely as a germicide, its non-poisonous qualities being to me its great recommendation. I am now using an acetate all over a gentleman's body for pityriasis versicolor. Ringworm germs are more readily destroyed by the acetate than by any germicide I have yet seen. For germ diseases, such as influenza, typhoid, scarlet fever, diphtheria, I use it freely internally and with the spray. Also externally, as baths, packs, sponging, &c., and have never seen toxic results from its use.

Yours truly,

H. Benjafield, M.B.

Hobart.

MR. TALLERMAN'S HEAT-PRODUCING APPARATUS.

"To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—My anxiety to do nothing to prolong the recent proceedings of the Congress prevented me from offering any remarks on the appliance exhibited by Mr. Tallerman.

The chief impression I formed was that it added materially to the already insupportable heat of the room, and it made me wish that the "inventor" had directed his talents towards an ice machine, or anything else that was cooling, instead of to an appliance for raising the temperature of human joints.

In the use of all physical methods of treatment the *proper position of the patient* is the first thing to be learned. We teach our nurses at the Bath Homœopathic Hospital,

that it is of no use to try and impart power in one direction if it is being lost in another, and I could not find a better illustration of this than in the demonstration given by the "inventor" of this appliance. We saw a man suffering from a disorder, the basis of which is a condition of exhausted nervous energy, sitting upon the edge of a chair, his body bent forwards with the arm extended, and his head within a few inches of a furnace, the heat of which is, I understand, the great merit of the "invention."

I understand that the treatment could not be continued for its usual time on account of the exhaustion of the patient. What did the "inventor" expect to do if it was not to exhaust the patient!

Patients undergoing the same treatment may be seen on any day in the wards of the Bath Homœopathic Hospital, where it has been used for seven years. They will be found lying on a couch or bed with the limbs in their natural position and the body at perfect rest.

It does not matter whether the treatment is continued for any number of hours, the patient suffers no kind of discomfort or inconvenience. But the appliance we use there, and which was illustrated and described in the *Medical Annual* for 1890, does not produce the same amount of heat as the one shown at the Congress.

If its object is to boil potatoes, or roast chestnuts, I am willing to admit that Mr. Tallerman's appliance possesses great advantages over the much simpler arrangement, of which I am the inventor; but if the object of this appliance is to raise the temperature of the tissues of the joint, it altogether fails in its purpose, *for no rise of temperature can possibly occur.*

The "inventor" has fallen into a very natural mistake which a knowledge of physiology might have prevented.

The Vaporarium used at the Bath Homœopathic Hospital *does* produce an actual rise of temperature of the body, and therefore produces much stronger thermal effects than this furnace of Mr. Tallerman's, although the temperature employed is very much lower. I have explained the reasons for this apparent paradox in my little work on rheumatism, and it is unnecessary to occupy your space by repeating them.

Yours very truly,

PERCY WILDE, M.D.

Bath, June 29th, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical. In-patients, 9.30; Out-patients, 2.30, daily; Surgical. Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

GENL. PHELPS.—Your letter will appear next month. Our pages are too crowded to admit it in this issue.

Papers by Dr. ORD, Dr. CASH, and Mr. HERRING are in type, but their publication in this number is unavoidably postponed until next month.

Communications have been received from Dr. GOLDSBROUGH, Dr. EPPS, Mr. KNOX SHAW, Mr. WRIGHT (London); Dr. HUGHES (Brighton); Dr. CLIFTON (Northampton); Dr. BLAKE (Birmingham); Dr. HAYWARD (Birkenhead); Dr. WOODGATES (Exeter); Dr. ORD (Bournemouth); Dr. CAPPER (Liverpool); Dr. GRAHAM WILLS (Bath); Dr. KEHR (Denver, Colorado); Miss LE BLUFF (Windermere).

BOOKS RECEIVED.

Eighth Annual Report of the Homœopathic League. 1894.—*Homœopathy in India. Homœopathic League Tracts.* No. 50. London: J. Bale & Sons, Great Titchfield Street.—*The Homœopathic World.* August. London.—*Medical Reprints.* August. London.—*The Chemist and Druggist.* August. London.—*The Monthly Magazine of Pharmacy.* August. London.—*The Calcutta Journal of Medicine.* July.—*The North American Journal of Homœopathy.* New York. July and August.—*The New York Medical Times.* August.—*The New England Medical Gazette.* August. Boston.—*Boston University School of Medicine. Twenty-Second Annual Announcement.*—*The Hahnemannian Monthly.* August. Philadelphia.—*The Homœopathic Recorder.* August. Philadelphia.—*Hahnemann Medical College, Chicago. Session* 1894–95.—*The Minneapolis Homœopathic Magazine.* August.—*The Medical Argus.* June and July. Minneapolis.—*Announcement of the Denver Homœopathic Medical College and Hospital. Session* 1894-5.—*The Charlotte Medical Journal.* June. Charlotte, N. Carolina.—*Revue Homœopathique Belge.* July. Brussels.—*La Homeopatia.* June. Mexico.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

———:o:———

HOMŒOPATHY APPLIED AND MISAPPLIED.

The influence which a merely superficial acquaintance with the tenets of homœopathy has upon different classes of mind is instructive and often amusing. Facts, unassailable in themselves, meet with a reception varying with the intellectual type of him to whom they are related; like seed, which depends for its development upon the character of the soil upon which it falls, the facts upon which our therapeutics is based fare well or ill according to the mental characteristics of the man before whom they are laid.

Many persons who at one time or other have, in the course of conversation with homœopaths, acquired a more or less hazy notion of the doctrine of homœopathy, or have had brought under their notice some striking examples of the result of putting the law of similars into practice, have allowed the subject so introduced to them to pass away from their minds without reflection, and of course under these circumstances without any investigation whatever. On the other hand, seed of this kind falling upon the good ground of a trained scientific intellect, upon the mind of one who habitually tests the facts that are brought under his notice, by *experiment*—the highest, and indeed the only, court of appeal in

natural science—when once the validity of our reasoning and the genuine character of our facts are admitted, such an one proceeds to put homœopathy to the clinical test, and invariably adds another to the rapidly increasing circle of its adherents.

Between these two extremes we meet with many illustrations of men who, though receiving our representation of the truths of homœopathy with more or less doubt, at the same time hesitate to reject them *in toto*. The cause of this doubt, in most instances where endeavours have been made to put homœopathy to the clinical test, is to be found in an imperfect acquaintance with Materia Medica, a consequent lack of skill in applying it, in fitting a drug to a case, and a resort, otherwise needless, to empirical methods. Such doubers will argue somewhat in this strain, while acknowledging that remedies chosen according to the "law of similars" act promptly and effectually in relieving a morbid process, they quote various diseases, more or less incurable, as examples of the failure of our law of cure, and tell us that the law of similars is far less universal in its application than many of us can admit to be the case. Others even go further, and urge that as we acknowledge that there are diseases in which remedies chosen according to HAHNEMANN'S methods fail to relieve, our position as homœopaths is untenable, and, in a word, we ought not to exist as such.

We know of men who talk in this strain, and yet would defend "the law of similars" if it were called in question in their presence; defend it as a frequently useful principle, rather than as a law of nature. By its action they are in a general way guided in their practice, though they also believe that good can be derived from nearly everything. Many of these practitioners prefer to be thought electics; by which they mean that they indulge in the privilege of roaming over every field of treatment and picking up what seems to them to be of good in each. This privilege they deny to us, and are severe on any confessor of homœopathy who may venture to administer a purgative or sedative.

We are frequently told by these therapeutically feeble folk that we have no right to talk as if homœopathy was the universal law of cure; that if it were what HAHNEMANN alleged, and what they accuse us homœopaths of professing, there should be no incurable maladies left to treat;

but cancer, phthisis, paralysis, etc., ought at once to yield to a remedy chosen according to the master's directions. Some of them tell us that they find that in ordinary simple maladies the remedies, they may select under the impression that they are homœopathic to their patient's condition, often fail to relieve, obliging them to resort to other means, antipathic, palliative and so on. That this is so we can readily understand. We frequently find such to be the case with laymen who, with a book and a medicine case, think they can treat disease homœopathically; and we consider that were medical men who practise homœopathy to neglect their Materia Medica and ignore the study of pathogenesy as these eclectics invariably do, they too would find homœopathy more frequently a failure than a success. But can this be honestly said to affect the truth of the "law of similars"?

Such luke-warm investigators or hesitating rejectors (whichever they may be) of the teaching of our school, practically ignore every condition laid down by HAHNEMANN, and insisted upon by his followers, as essentials of success in the practice of homœopathy. Failing for these reasons, and for these reasons only, to achieve such results as are reached by the more faithful practitioners of true homœopathic methods, they are inclined to throw discredit on HAHNEMANN'S teaching, decline allegiance to the deservedly more successful of his followers, and readily turn to any non-homœopathic will-o-the-wisp that casts a temporary light over their path.

In case some of our readers should come in contact with any who talk in this strain, and in any degree be affected by the speciousness of their arguments, we think it desirable to draw attention to the fallacies on which they are based.

In the first place, we maintain that HAHNEMANN did not consider, and (with one possible exception, to which we shall refer) did not assert, his discovery of the "law of similars" to be an infallible method of cure for all diseases. He several times mentions—especially in the *Chronic Diseases*—morbid conditions which he found to be incurable. He also acknowledged that, in some cases, treatment other than that according to the "law of similars" was successful; this is the more interesting if we remember the methods then in vogue in the ordinary schools of medicine. And lastly, in certain cases,

HAHNEMANN advocated the use of palliatives and non-homœopathic measures; certain external applications, as well as mesmerism, galvanism, baths, etc.

Statements which bear out our assertions occur scattered throughout HAHNEMANN'S writings. One or two brief extracts will suffice in illustration. We may remark incidentally that HAHNEMANN'S whole theory of chronic diseases, as well as the work bearing that name, owes its existence to the apparent incurability of certain maladies, cases in which the indicated homœopathic remedy failed to effect a cure. We there read:* "What then was the reason why the continued homœopathic treatment of the non-venereal chronic diseases should have been so unsuccessful?" The whole work is an attempt to answer this question, and to suggest the remedy. In the *Organon*† this sentence occurs: "Under the methods of treatment of the old school I have just detailed, no small number of patients certainly got rid of their diseases." If this could be correctly asserted at the time these words were written, it is impossible to call such a statement in question at the present day. Again, in a footnote to section 205,‡ HAHNEMANN clearly intimates that he considered cancer (or more especially cancerous ulcers, a term which he used to include lupus, epithelioma, as well as rodent ulcer) could only hope to be cured in their very early stages, "when," as he writes, "the ulcer has not yet attained any great size, and when the vital force is still very energetic." In section 279§ we find HAHNEMANN making the important exception to the homœopathic remedy's power of proving stronger than the disease, "if," he says, "the disease do not manifestly depend on a considerable deterioration of an important viscus." This quotation will certainly exonerate the master from the accusation of teaching that phthisis and organic heart disease, except in their early stages, could be cured through homœopathy.

HAHNEMANN'S greatest fault was undoubtedly his enthusiasm for the success of his discoveries and his indignation, perhaps too vigorously expressed, at the

* *Chronic Diseases.* Hempel's translation, vol. i., p. 17.
† Dr. Dudgeon's translation, p. 29.
‡ Organon, p. 153.
§ P. 190.

culpable ignorance of his contemporaries, who persisted in bleeding, blistering, purging and salivating their patients, while refusing to lend an ear to his teachings. Those who now-a-days, having but a weak and imperfect conception of the facts of homœopathy, are inclined to cavil at the master's tendency to extremes in these directions, might take exception to the following quotation, which we give as being almost the only one of a distinctly extravagant nature that we can find in the *Organon*. Speaking of non-homœopaths, he says, *"They cannot cure all important and serious diseases, which pure and careful homœopathy can." We might take it that HAHNEMANN's intention was to state that homœopathy can cure important and serious diseases which allopathy cannot. This is of course indisputable. But Dr. DUDGEON, than whom no more careful nor accurate translator could be found, would hardly have framed the sentence as he has done if HAHNEMANN's words had actually conveyed this meaning. We observe that it was written in the preface to the 5th edition of the *Organon*, when close on 80 years had passed over the author's head, and the sentiment being, as it is, abundantly negatived elsewhere in his writings, may well be here regarded as an oversight. It is practically contradicted on the very preceding page, where occurs this pregnant sentence, with which we will conclude our quotations:—"Homœopathy knows that a cure can only take place by the re-action of the vital force against the rightly chosen remedy that has been ingested, and that *the cure will be certain and rapid in proportion to the strength with which the vital force still prevails in the patient.*" The italics are ours.

HAHNEMANN's writings then, as well as our modern conceptions of homœopathy, do not countenance the idea that the law of similars is an universal and infallible law of cure. That however it is far more universal and far less fallible than any other method of treatment that has before or since been brought to light, has been abundantly proved. We believe also that to practise only and solely according to this law to the exclusion of every other method of utilising remedial agents, would be immensely more beneficial to patient, and satisfactory

* *Organon*, preface to 5th edition, p. xxi.

to physician than to adopt an opposite course and exclude entirely homœopathic action, relying only upon other means (and they are very few!) with which modern science has made us familiar. Our fellow practitioners are still, alas, ignorant of the fact, that nearly everything that is successful in their treatment would fail, were the law of similars not a true law of drug-selection. This is a subject we may hope to develope more fully at some future time.

We now consider "the law of similars" as a law of nature, and for purposes of comparison, we select the law of gravity as being probably the most universal in its action of all natural laws. This has been fully worked out by another,* to whom we are indebted for some of the following argument. Many of the phenomena due to gravity had been observed for centuries before the law which controls them was perceived. This was recognised first in a single instance by NEWTON. His mind, from this fact, "at once formed the hypothesis that it was a general formula expressive of the relation which exists between all bodies. A vast number of experiments and observations having confirmed this hypothesis, it is now accepted as the law of the mechanical relations of bodies." Many also of the phenomena which we now recognise as controlled by "the law of similars" had been perceived for centuries before HAHNEMANN'S time. The law was first recognised by him in a single instance, viz.—by the production of the symptoms of malarial fever on himself by large doses of quinine. His mind, from this fact, at once formed the hypothesis that it was a general formula expressive of the relation which exists between remedies and disease. A vast number of experiments and observations having confirmed this hypothesis, it is now accepted by homœopaths as the law of cure by similar remedies in disease.

Now the test of accuracy of a law is this. Given one series of phenomena and the law of their relation to another series of phenomena, to find the second series, to tell what they will be. The science of astronomy by applying the principles of the law of gravity, foretells the coming of eclipses, the phases of the heavenly bodies, conjunctions of planets and other events. In a similar

* *Lectures on Materia Medica*, by the late Dr. Dunham, vol. ii., p. 10.

manner, homœopaths, by studying the pathogenetic effects of drugs on the healthy body, and applying them by the light of the law of similars, are able to foretell the diseases and morbid conditions which they may be expected to remove. There is still another point of comparison. Gravity is not the only force which controls the movements of the heavenly bodies, though its influence is by far the most important and far reaching of any. Were however astronomers to rely only upon it, ignoring others, their calculations would often be incorrect and their prognostications unsuccessful. Occasionally other forces combine to apparently suspend the action of the law of gravity, and appear to place it at defiance. Almost the same words will equally apply in the case of homœopathy. The "law of similars" is not the only force which controls the relations of drugs to disease, though its influence is by far the most important and far reaching of any. Were, however, medical men practising homœopathy to rely only upon it, ignoring others (such as the importance of fresh air, diet, environment, and sometimes necessary palliative or antipathic measures), they would often fail in affording relief. Sometimes, too, other forces combine in certain cases to apparently suspend the action of "the law of similars," and certain diseases still remain incurable in spite of its generally favourable action.

If we turn again to the law of gravity, we shall find many examples of its apparent failure. It is for example placed at defiance by every bird that flies. Who ever heard of an astronomer doubting the truth of his favourite science at the sight of a balloon ascent? Imagine a sceptical student of the subject saying to a fellow of the Royal Astronomical Society— "Sir, the law on which you base your supposed science may be seen to fail in its action every Thursday night at the Crystal Palace, where flights of rockets, Roman candles and other fireworks place it at defiance. Your claims for astronomy are therefore unjustifiable, your occasionally successful prognostications are due to other causes, your law of gravity is not of universal application. Although interested in Astronomy I fail to appreciate the truth of your teachings and decline to join your society." Who could fail to be struck by the grotesque absurdity of such a remark? And although it would certainly be unreasonable to ex-

pect so constant a reaction to any force applied to our bodies (with their infinite delicacy and variety of function and complication of organs) as we observe in the obedience of planets to the law of gravity, nevertheless very similar remarks are sometimes made to members of the British Homœopathic Society by those whose intelligence might have been expected to save them such a lapse.

AN AID TO THE DISCOVERY OF THE SIMILLIMUM.*

By George Black, M.B. Edin.

(*Concluded from p.* 555)

Since my attention was directed to the literature of the new school of medicine, and my practice founded upon the law which constitutes its existence, I have been continually hampered by the tendency to treat diseases by their name rather than by the picture which each individual case presented, and I think I can honestly say that the more I have generalised the less successful I have been, that the more closely I have adhered to the picture before me and based my prescription on the totality of the symptoms, the more reason I have had to be satisfied.

I have often asked myself "Are there several ways by which the same thing may be accomplished?" "Are there several remedies that will answer equally to bring about the same end?"

We want to find some particular individual, it may be a member of the great family of Smith. How can we best do it? We ascertain first of all the country in which he lives, then the county, then the town, after that the street and the number of the house, and by a process of exclusion we arrive at the person we are in search of, and know that it is he and no other by the photograph of him which we have in our possession.

Now, can we accomplish anything like this in our search for the remedy? I think we may, and this brings me to speak of our repertories, which are as invaluable to us as directories are in helping us to find some individual we want.

Of the Cypher Repertory I can say little; I have seldom used it, but when I have it has proved of signal service, and I can well believe that when the Cypher is once mastered and the work complete there would be nothing to approach it.

The repertory that has been of most service to me, that I have found wonderfully complete and dependable, is Lippe's. I should be sorry, indeed, to be without this book; to me it has been of priceless value, and I cannot but express the indebtedness I feel to the man—now gone to his rest—whose earnest labours have lightened the toil of so many of his brethren.

The Boënninghausen I have was of service to me before I procured a copy of Lippe, since then it has for the most part remained on my shelves.

Of Guernsey's Boënninghausen I cannot speak, as I have never seen it, but if I rightly understand what I have read about it, it consists of a series of cards on which the names of the remedies are printed, and in searching for the simillimum you take out card after card and find out which remedy is most frequently named in connection with the symptoms of your case, and thus arrive at the desired result.

It appears to me that this is a somewhat cumbersome method, and unless you write out all the medicines contained in each card you never can have before you the various steps by which you have arrived at the result embodied in your prescription.

An idea occurred to me that it would be a distinct gain if something could be devised by which we should not only arrive at the conclusion desired, viz., the discovery of the *simillimum*, but would have before us the whole working out of the process so that we might be able to show to anyone at any time how it had been obtained, and placing it in a pigeon-hole along with our case be able to refer to it whenever we pleased.

As I thought the matter over I came to the conclusion that if I got a number of slips with the names of the remedies printed upon them and wrote an epitome of the case at the top, leaving space at the side of each remedy for a number of signs which would correspond to the symptoms above, in this way I could work the case out like a sum in arithmetic, and have not only the

answer, but the whole process by which it was arrived at before me, so that anyone might check it if he chose.

As some practical illustrations will better convey my meaning than a mere description in words, I shall proceed to give you some of these, and lest you should think cases from my own practice somewhat biassed or exclusive, I shall take two examples from that of others.

You may recollect that in an earlier part of this paper I said I should again refer to one of Hahnemann's model cases. This I will read to you in the Master's own words, and then show you the working out of it.

MODEL CASE.

"Sch—, a washerwoman, about 40, of strong frame, consulted me on the 1st Sept., 1815, having been ill and unable to earn her bread for three weeks.

"1. By any movement, especially by each step, and worst by a false step, there is shooting at the epigastrium out at the left side as she says.

"2. In lying down she is quite well, and has no pain either in the epigastrium, side or anywhere else.

"3. She cannot sleep longer than 3 a.m.

"4. She relishes her food, but after eating has nausea.

"5. Then flow of water out of the mouth like water-brash.

"6. She has frequent empty eructations after every meal.

"7. She has a violent irritable temper. When the pains are violent sweat breaks out all over. The catamenia were regular, and in other respects she was healthy." (*Lesser Writings*, p. 864.)

After giving his reasons for the choice of the remedy which he made, Hahnemann says: "Now as this woman was very robust, and the force of the disease must accordingly have been considerable to prevent her by its pain from doing her work, and as her vital forces, as has been observed, were not consenually affected, I gave her one of the strongest homœopathic doses, a full drop of the pure juice of *bryonia* root to be taken immediately, and bade her come to me again in 48 hours. I told my friend E., who was present, that within that time the woman would be quite cured; but he, being but half a convert to homœopathy, expressed his doubts about it. Two days afterwards he came again to ascertain the result, but the woman did not return then, and in fact

Epigastrium, cutting stitch- Amelioration while lying in bed. /
Pricking (darting) in out after meals.* Waterbrash.|
" " " inte.⌒

Abies. c.	Bad.	Rhod.	Tell.
Acal. i.	Bals. p.	Rhus. g.	Teplitz.
Acet. ac.	Bapt.	Rhus. rad.	Tereb.
Acon.	Bar. c.	Rhus. tox. ○ ＼ +	Thasp. a.
Actea. r.	Bar. m.	Rhus. ver.	Thea.
Actea. s.	Bell. ○＼	Ric. c.	Therid.
Aesc. g.	Bel. p.	Rob. ps.	Thlaspi.
Aesc. h.	Benz. ac.	Rumex.	Thuj. ○
Aeth.	Benz. am	Ruta.	Tilia.
Agar.	Berb.		Tong.
Agave. amer.	Bis.		Trif. p.
Agn.	Bisulph.	Sabad.	Trif. r.
Ailanth.	Borax.	Sabin.	Trill.
Alc.	Bov. +	Samb.	Trios. p.
Alet.	Brom.	Sang.	
All. cep.	Brom. an	Sant.	
Alnus.	Brom. ca	Sapo.	
Aloe.	Brom. fe	Sar. p.	Urea.
Alum.	Brom. li	Sass.	Urt. ur.
Ambr.	Brom. m	Scill. ／	Ust. m.
Amm. c.	Brom. p	Scut. l.	Uva. ursi.
Amm. m.	Brom. q	Sec. c.	
Ampel. q.	Brom. so	Selen.	
Amyl. n.	Bruc.	Semp. t.	
Anac. +	Bry. ro ×	Sen. a.	Valer.
Ang.	Bufo.	Seneg.	Valer. am.
Anthrak.	× + ∪	Senna.	Valer. zc.
Ant. +	c.	Sep. × ＼ ! + ! ⌒ ∪	Verat.
Apis.	c.	Sil. ! + ! ∪	Verat. vir.
Apoc. a.	Cact.	Sil. l.	Verb. ×
Apoc. c.	Cad.	Sol. m.	Verb. h.
Apom.	Caff.	Sol. nig.	Veron. b.
Arct. l.	Cainca.	Spig. ○ × ＼ *	Vib. o.
Aral. r.	Calab.	Spong.	Vib. p.
Aran. d.	Calad.	Stann.	Viol. od.
Arg.	Calc. ○ ＼	Staph. ○	Viol. tr.
Arg. n.	Calc. car	Sticta.	Visc. a.
Arn.	Calc. ox.	Stil. s.	Vipra. red.
Ars. !+	Calc. ph.	Stram.	Vipra. torv.
Ars. cup.	Calend.	Stront.	
Ars. fer.	Camph. merc.	Strych.	
Ars. quin.	Canch.	Sulph. ○ ＼ + ＊ ! ∪	
Artem.	Cannab.	Sulph. ac.	Xanthox.
Arum.	Cannab.	Sulph. ne.	Xiph.
Arum. tryph.	Canth. ! -	Sumb.	
Asa. f. ○ ×	Caps.	Symph.	
Asar.	Carb. ac		
Ascl. i.	Carb. an		Yuba.
Ascl. s.	Carb. ve		
Ascl. t.	Card. m.	Tabac.	
Aspar.	Casc.	Tan.	
Aster.	Cast. eq.	Tarant.	Zanth. ox.
Atrop.	Cast. v.	Tarax. ○ ＼	Zinc.
Aur. ∪⌒	Cauloph.	Tart.	Zinc. ox.
	Caust.	Tart. ac.	Zing.|
	Cean. a.	Tax. ∫	Ziz.
	Ceras. v.		

ant
at

me
cee
thi
exc

I s
cas
wo

cor
un

wo
tri

eit

bra

me

pai
me
hea

wh
wa
acc
pai
ha
hei
of
an
fri
wo
cor
Tw
res

never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived, about three miles off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was—"What was the use of my going back? The very next day I was quite well, and could again commence my washing, and the day following I was as well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

I may just say that the number of remedies on my slip is about 450 or 60, and that these comprise those in Lippe and Hale. The size of the slip was designed to suit my note-case and pigeon-holes, but the space at the top is much too limited. The symptoms marked in red ink are the more important, those in black the less, and correspond to those remedies that are in italics and ordidary type respectively in both Lippe and Hale. There are also one or two important omissions which I cannot account for, as of *ipecac.*

In regard to the first symptom of this case, viz., shooting in the epigastrium, there is some difficulty. It is not to be found in the *Materia Medica Pura,* and Allen does not give *bryonia* under this symptom, but mentions *acon., bell., polyg.* and *sulph.*, but cutting, stitching is very characteristic of *bry.* in this region. Amongst the remedies given in Boënninghausen for pricking, darting in outer parts, we have *asaf., bell., bry., calc., merc., puls., rhus tox., spig., staph., sulph., tarax.*, and *thuj.* Amongst those with pricking, darting in inner parts, we have *asaf., bry., canth., chin., igt., phosph., puls., sep., spig.* and *verb.* With this latter symptom going diagonally we have *bell., bry., calc., canth., chin., merc., sep., spig., sulph.* and *tarax.* But this pain is one which is aggravated on moving, and here we have *bell., bry., colch., led.* and *nux v.*, also from a limb performing a wrong movement *ars., bry.* and *lyc.* Then there is relief while lying, and corresponding to this we have *bell., bry.* and *nux v.* Nausea occurs under many medicines which I need not enumerate, and under *bry.* amongst them, but here only occupying a secondary place, while irritability and vehemence are both found amongst its pathogenetic effects. So that leaving waterbrash out of the

count altogether you can come to no other conclusion than that *bry.* is the *simillimum* in this case, and in the slip which I hand you you see at a glance how it cannot possibly be any other.

In vol. xiii. of the *British Journal of Homœopathy*, p. 134, Dr. Dudgeon reports two cases in illustration of "the difficulty of selecting the appropriate remedy," and in his prefatory remarks, he says:—"However convinced we may be of the theoretical truth of the homœopathic law, its application is by no means always easy. The pathogeneses of the Materia Medica sometimes afford but the vaguest hints for our selection of a drug. Sometimes many medicines will appear to offer a closer correspondence to the case before us than the one which ultimately proves to be the suitable one.

"Again, the disease may be of such a sort that there cannot be anything like an analogue to it in our repertory of medicinal diseases, for our provings cannot be carried to the production of serious maladies. In such cases as these a good deal of the vaunted mathematical certainty of homœopathy is but guess-work, and as such is apt to be very unsuccessful.

"Clinical experience the *usus in morbis* which Hahnemann denounced, but availed himself of extensively, is what me must look to to enable us to prescribe with certainty in almost every case, but especially in such cases as I have alluded to."

Compared with the long and intimate acquaintance with homœopathy of Dr. Dudgeon, mine is but a thing of yesterday, and if I take upon myself to criticise any statement of his it is done simply because I am expressing conscientiously the opinions which I hold according to the light which I am possessed of, and I am convinced that he himself would not wish it otherwise.

I have only had time to examine his first case, viz., that of "Inflammation of the Lacrymal Sac," but on reading it over carefully my impression was that he had taken a partial and incomplete view of it from the first.

Here is the case as we find it reported:—"Mrs. M—., aged 40. Some years ago I treated her for an affection of the eyes characterised by weakness of vision, but having no resemblance to the present affection. She now consulted me again for her eyes on the 26th of March.

"For some days she has been attacked every day about one o'clock with severe burning pains in the right eye and flow of tears over the cheek which feel scalding. These symptoms last for several hours. The conjunctiva of the right eye is injected and there is pain on pressure in the right lacrymal sac which feels somewhat though slightly swelled. In the morning there is some mucous secretion in the eye. Believing it to be a catarrhal affection of the conjunctiva and mucous lining of the lacrymal sac I prescribed *merc.* 6, a dose every six hours." Looking at the case up to this point it would appear that the state of the lacrymal sac was that to which greatest importance might have been attached if any one pathological condition or symptom were to be placed in a position of prominence over any other, and that being so *atropine, nat. carb.* and *silica* were brought unmistakably into prominent light.

Let us look at the eye symptoms of *merc.* which was at this time prescribed. The only pathogenetic symptoms bearing any resemblance to the condition of eye present in this case are "eyes inflamed." "chronic conjunctivitis with a fine rosy red injection around the cornea." It is evident this was not a chronic case as the patient had only been suffering some days. If we examine the eye symptoms of *atropine* we find "simple inflammatory swelling of the mucous membrane with muco-purulent secretion often accompanied by swelling of the lacrymal sac occasionally with less swelling, but more marked by hyperæmia and flow of tears." In *natr. carb.* we have "inflammation of the eyes with sticking pain. Itching and biting in the right eye that waters on rubbing. Violent swelling of the inner canthus and purulent swelling of the lacrymal sac which opened (after 4 days). Lacrymation of the eyes."

Later on, when he has *natr. carb.* under consideration, Dr. Dudgeon says, referring to the statement regarding the lacrymal sac:—"I could not divest myself of doubts as to its genuineness; its very completeness and severity throw doubts on its reality, and this suspicion is confirmed by the fact that Hahnemann in his prefatory remarks makes no allusion to it in reference to inflammation or suppuration of the lacrymal sac."

Now let us look at *silica* in reference to its bearing upon this case. In its pathogeneses we have "Redness

at first around the eyes, then also of the white of the eyes with inflammation and lacrymation. Redness of the whites of the eyes with pressive pain. Piercing, stinging pain in the left eye. Sudden piercing pain in the left eye. Tearing and burning in the eyes on pressing them together. Heat in the eyes. Smarting of the eyes. *Swelling in the region of the right lacrymal gland and lacrymal sac.* Lacrymation and a kind of dimness of the eyes."

Any one of these it seems to me corresponded more closely with this patient's condition than the *merc.* which was prescribed.

On the 27th he notes that "the pain and lacrymation returned to-day as usual at one o'clock, if anything more severely than ever. The sac is very tender and more swelled. I ordered fomentations to the eye and in consideration of the periodicity of the symptoms prescribed *ars.* 3, a dose every 6 hours."

"28th.—The patient lost the medicine I prescribed yesterday, and took *ars.* 12 out of her own box. She is rather worse than she was yesterday. I again gave *ars.* 3, and made her continue the fomentations."

Let us look at the pathogenes of *ars.* and see how far they correspond with this case, recollecting that "the sac is very tender and more swelled." "Lacrymation. Watering and itching of the eyes, with a little pus in the eyes in the morning. Corrosive tears, making the cheeks and the eyelids sore. Inflammation of the conjunctiva, with suffusion of the eyes and intolerance of light. Conjunctiva injected. Conjunctiva minutely injected with diffused pale redness." There is no reference whatever to the lacrymal sac.

29th.—"Worse. The swelling of the lacrymal sac. is decidedly greater, and forms a little lump at the corner of the eye. It is exquisitely painful to the touch; is the seat of throbbing pains, and the skin over it is red. The tears that run over the cheek are very hot. The inflammation was so violent that I had recourse to our antiphlogistic, *acon.* 3, every six hours, and ordered the fomentations to be continued."

Hughes says of *acon.* that "in proportion as true inflammatory changes in a part have actually begun *acon.* ceases to exert remedial influence, and a medicine homœopathic to the local mischief must take its place."

Teste says that it is in phlegmasia, primarily general and secondarily localised, that *acon.* is useful. Dr. Dudgeon says above that the swelling of the lacrymal sac is decidedly greater, that it forms a little lump at the corner of the eye, which is exquisitely painful to the touch. In *acon.* we have "inflammation with lacrymation; inflammation extremely painful; burning, sticking and tearing pains around the eyes." Then we have "marked pain at right internal canthus, dull and deep-seated," and I can suppose that at quite an early stage of this case *acon.* would have proved serviceable.

30th.—"All last evening the pain was most excruciating. It has as usual somewhat remitted this morning, but the tumour formed by the sac is large, exceedingly tender, and the skin over it very red and shining. The nasal duct is quite obstructed. Suppuration and fistula lacrymalis seemed inevitable. I gave *silica* 6, one drop in a wineglassful of water, a teaspoonful every three hours, without hope of being able to prevent the serious catastrophe."

The simillimum had at length been found; let us see what the result was.

31st.—"My patient informed me that in a quarter of an hour after taking the first dose of *silica* the pain and tenderness of the sac had quite subsided; the relief was complete. The tears no longer overflowed on the cheek, and the swelling gradually declined. This morning no swelling or discoloration is perceptible, and the eye is perfectly normal in every respect. The cure was complete, and up to the end of July when I last saw her she had not had the slightest return of this painful malady."

This case was brought forward by Dr. Dudgeon as an example of the difficulty of selecting the appropriate remedy, and to show how a good deal of the vaunted mathematical certainty of homœopathy is but guess work.

"Clinical experience," he says, "the *usus in morbis*, is what we must look to to enable us to prescribe with certainty in almost every case, but especially in such as I have alluded to."

Dr. Drysdale, on the other hand, says: "Let any practitioner seriously think over the cases that present themselves in one day's average practice and tell us how many are well pronounced examples of inflammation of

the large organs, or other well defined diseases whose course is definite and symptoms sufficiently fixed to enable us to fix the specifics *ab usu in morbis*. A very small number it will be;—and applying this to practice of medicine at large, we come back to Hahnemann's proposition: that no two cases are exactly alike—a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease."

My own opinion is that this case, so far from disproving the mathematical certainty of homœopathy, only shows that Dr. Dudgeon forgot that the totality of the symptoms constitutes the true picture of disease and the best guide in treatment.

I have worked out this case and there appears to me to have been no difficulty about it. The indicated remedy from the first was *silica*. In its pathogeneses there are "burning of the eyes, lacrymation, inflammation of the eyes, redness of the eyes;" very especially, "swelling of the lacrymal caruncle and swelling of the right lacrymal sac, with aggravation in the afternoon." Neither *merc.*, *ars.*, nor *acon.*, contain this picture in anything like its entirety. Perhaps you will look at this case, and then you can see for yourselves whether or not it is so.

At the risk of wearying you I shall give a few cases from my own practice. The first is one of convulsions connected with dentition, and is interesting to me because, although I selected a remedy in the first instance that seemed well indicated, it was not the simillimum, and little or no improvement succeeded its administration. When, however, the simillimum was found and given, the result was magical. Ida W., æt. 1 year and 10 months, was seen by me on the 18th of this month, May, 1894. She is a stout fair-haired child with red cheeks. During the previous day she was fretful, but took her breakfast and dinner. About 6 in the evening, as I am informed, she had a fit while her mother was washing her, and fell back in her arms, remaining still for a moment, then becoming convulsed. Her face was flushed and she foamed at the mouth. At 9.30 she had a second and more severe convulsive attack. During the day she had three more, and between these she jumped and twitched. When I saw her about 5 o'clock in the evening she was in bed asleep, sleeping

heavily. Once she gave a great jump. Cheeks flushed. T. 103. P. 140. R. 40. There is a large ulcer on the right border of the tongue which is thickly coated with whitish fur. She is cutting her first molar teeth. *Bell.* 3, 12 drops in half a tumbler of water, a teaspoonful every two hours. Milk and water to be given.

Saturday 19th.—Child asleep when visited at noon, lying over on her face. While asleep cheeks were much paler, but when disturbed they quickly reddened. T. 103·4. P. 160. R. 44. Drank eagerly some milk and water while I was present, and ate a piece of orange as if she were simply famishing, ramming it into her mouth and devouring it greedily. When she lay down again her head was very much retracted, the back being quite arched. Continue and report in the evening. Note received between 8 and 9 o'clock saying they thought her worse, she had been jumping again and talking in her sleep. *Cham.* 30, 4 drops on sac. lactis to be dissolved in half a tumbler of water, and a teaspoonful given every one or two hours according to circumstances.

Sunday 20th.—Child asleep and sleeping more naturally. No return of the fits. T. 97·4. P. 108. R. 26. When she awoke she looked bright and was much quieter. Ulcer gone from tongue, which is still thickly coated posteriorly. Continue the medicine occasionally. Two days after she was doing well, and four days after that she appeared all right. She did not require any other medicine.

The next case is one of Broncho-pneumonia in a child two years and four months old. I saw him first on April 13th, 1894, and was told that he had been suffering from a cold for several days accompanied by cough; that the previous day he could not hold up his head, and at night was hot and burning about the body, his feet being cold. Two days before I saw him he had vomited. At the time of my visit he was lying down on an extemporised bed in the kitchen, breathing in a very laboured fashion. T. uncertain. P. 160. R. 48 while awake, rising to 80 in the minute during sleep. Breathing all over the left lung harsh and sawing in character, with creaking sounds and occasional rhonchi as accompaniments. Towards the apex of right lung the breathing is harsh and sawing, and towards the base crepitant sounds

of medium quality are heard. There is impaired resonance on percussion over right base. *Acon.* 3.

April 16th.—Restless. Sleepless night. Bowels acted once, loose and very offensive. Great thirst, retching. T. 104.2. P. 160. R. 54. Lips frayed. Perspiring about the head.

April 17th.—Had a better night. Slept more. Cough looser, does not seem to pain him so much. Breathing varies a good deal, the respirations being between 50 and 60 while awake, and between 75 and 80 when asleep. Cheeks flushed. Perspired a good deal in the night. T. 102.6. P. 160. Continue *acon.* 3.

April 18th.—Restless night, starting up in a frightened manner while asleep. R. 35, and panting while awake, 56 and quiet when sleeping. Bronchial râles heard while asleep. Bowels acted yesterday, motion still very offensive. T. 100. P. 136. Cheeks less flushed.

April 19th.—Better night. T. 99.4. P. 108. R. 46. Hair wet with perspiration. Continue *acon.* 3.

April 20th.—Best night he has had since his illness began. Sitting on his mother's knee. Bowels have acted. Stool less offensive. Face pale. T. 99.2. P. 112. Cough somewhat troublesome. A few doses of *sulph.* 30 completed the cure.

My next case is one of "Extreme Emaciation in an Infant," whose skin was dotted over with papules. The child kept constantly vomiting Allen & Hanbury's malted food which it was at the time taking; the bowels were relaxed. Milk and barley water to be substituted for the other; drinks of hot water to be given through a feeding bottle. *Nux v.* 200, one drop on sac. lac. The sickness speedily subsided. The bowels became normal, and a few doses of *calc. c.* 3 and the child became well. When I saw it some months after it had grown a fine plump healthy-looking child.

The next case is a more difficult one. The young woman, a stout, fair-haired girl in domestic service, was seen for the first time on September 26th, 1893. She complained of having suffered in the month of June previously from cold in the head, which was accompanied by sneezing and running at the nose. After this she lost her voice. Since then, at intervals, she suffers from aphonia. She has a troublesome cough, harsh at times, and at times accompained by the expectoration of

phlegm, which she says is difficult to get up. She has pain over the sternum and between the shoulder-blades. Occasionally suffers from palpitation. In other respects her condition is satisfactory. Examination of the chest showed it to be well-developed, with good expansion, without flattening under the clavicles, and with quiet regular breathing.

The only thing noted at the time was an impairment in the vesicular murmur at left apex as compared with the right, and a somewhat less smooth condition of breathing. She was given five drops of *sulph.* 200 on sac. lac. at the time of her visit, which proved of considerable service to her. Eight days after she was given five drops of *bell.* 200 in the same way, and eight days after that three drops more which completed the treatment of her case.

I was consulted by a dairy keeper on the 31st of July, 1893. He complained of having begun, a week before I saw him, to get tired and aching, scarcely able to get one leg in front of the other. He feels weak and perspires by night, especially towards morning. During the day he occasionally shudders. If he walks much or hangs about on his feet he has pain in the loins. The scalp is tender to touch and there is a sensation of weight across the forehead, causing him to feel as if something were drawing his eyes inwards. Bowels constipated. *Acid phosph.* 3. Two drops three times a day. This put him all right.

I need not weary you with further details, but would ask you to look at the working out of two other cases, one a case of Phlegmasia Dolens, occurring after a tedious labour in a primipara somewhat up in years, and you can see whether the results correspond in the remedies indicated with your own experience of this serious affection. The other is a case of Diarrhœa with urgent desire to evacuate the bowels in a man suffering from chronic cystitis following upon gonorrhœa.

And now, gentlemen, I have done. The method I have sought to bring before you this evening is one which, as far as I know, is original, and, as you see, simple enough. That it will help you in difficult cases I have not the least doubt. To write a case out is to give precision to one's thoughts, and to study this is to obtain a picture of the disease, while the selection of the remedy

in the way that I suggest will make one familiar with the pathogenetic features of our splendid Materia Medica, and I need not say that the earnest and enlightened practitioner will not rest satisfied with the outline he thus obtains, but will seek from the Materia Medica itself, and such works as Hughes' *Pharmacodynamics* to fill in the picture and get to know the rationale of each medicine's action.

To a teacher it seems to me this would be a valuable method of instruction. To indicate the remedy in a given disease is one thing, to show how you have come to your decision so that others may be able to form an independent judgment is another, and much more valuable.

Nor is this method one that is devoid of interest. To start upon a difficult case with the whole materia medica before you and a law to guide you which you believe to be unerring because you regard it as divine, and by a gradual process of exclusion to find yourself at last face to face with the remedy you are seeking, the remedy which, with God's blessing, will bring health and happiness to some sick and suffering one, to accomplish this is to have pleasure in the doing of it and joy when the task is done.

That much remains to make this better, I am well aware, but such as it is I commend it to you, and ask you to put it into practice in your everyday work amongst the sick, and I trust you will find it what it claims to be, an aid to the discovery of the simillimum.

DISORDERS OF THE TEETH AS AN UNDISCOVERED SOURCE OF DISEASE.*

By A. Midgley Cash, M.D.

Of all the advances which preventative medicine has made during the present century, none has gone further or been more universally insisted upon than the care of the *teeth*. To attend to and cultivate this small and limited field a separate profession has come into existence, a profession whose importance, whether we look at its training, its emoluments or the benefits it confers, ranks

* Read at the Western Counties Therapeutic Society, Exeter meeting, May 30th, 1894.

only second to our own, and will, as education advances, come to stand more and more highly in public esteem. And undoubtedly the professions of *medicine* and *dentistry* are and must be always closely allied, standing to each other in the relationship not of rivals but of sisters, each mutually dependent upon the other.

Without the dentist's care the medical man would be handicapped in his treatment of many a case, while, without the doctor's art, the dentist would find his efforts to build upon an unsubstantial foundation futile.

It has been said that the commencement of every disease is in the stomach, and if so, it is equally true that the beginning of most stomach troubles is in the *mouth*, and is, moreover, especially connected with the defects of the teeth.

The digestion suffers when the teeth are at fault in two ways. The short time during which the food is retained in the mouth is insufficient to stimulate the salivary glands to full secretion. Insufficient saliva means failure to digest the starchy constituents of the food and the conversion into grape sugar, on which so many after-processes depend, is arrested. Then, the saliva being a stimulant to the secretion of the gastric juice, in the absence of the former the latter is not secreted sufficiently. The food from imperfect mastication is delivered in the stomach in crude untriturated masses, ill adapted to be dealt with by the gastric juices, imperfectly secreted as these are.

There is another factor which tells very strongly against the health in dental caries, and it acts particularly, as I have often satisfied myself, in the production of chlorosis and anæmia in young servant girls. The foul discharges which arise from carious dental cavities, and pus secreting gums, and alveolar abscesses, find their way, with or without food, into the stomach. During the times of sleep this is especially the case; active absorption of septic matter by the gastric mucous-membrane is then going on, and during the night auto-infection of the very worst character is in progress. The lethargy and morning headache of these unfortunates is thus pathologically explained, and this circumstance must be kept in mind in the treatment. Many a chlorotic girl has recovered her good looks and health by appropriate treatment directed to the teeth.

Tooth irritation acts in various ways. Pain and inflammation are set up in exposed pulp cavities. Pressure on dental nerves as seen in impacted permanent teeth, in the presence of plastic inflammatory exudations, or in ill-fitted fillings where the dental pulp has not previously been destroyed, and the canal antiseptically treated—any of these conditions may act, either reflexly or directly, upon distant parts, and specially by reflex action do we get far reaching and peculiarly unexpected symptoms developed. Very grave and alarming symptoms have been recorded where severe brain irritation has been thus set up. Paralysis, general convulsions, amaurosis and deafness have thus occurred, all of which have disappeared when the offending teeth were discovered, and appropriate treatment applied. Cases of ear and eye disease may thus become chronic and irremediable if their cause is not discovered and removed before it is too late.

So many and various are the possibilities thus opened out that the state of the teeth must be ever kept in mind whenever the medical man begins to investigate any case of disease. Now this condition of the teeth is one upon which the doctor will seldom or never get any help from the patient. The latter, though possibly only too well aware of the defects of his grinders, and very likely having a shrewd guess that they are at the root of his troubles, will conceal this fact from his medical man, hoping that the latter will discover some other cause or suggest some other treatment more palatable to him than the forceps or stopping of the dentist. Leaving out of the question more remote consequences, many a recurrent headache, neuralgia or dyspeptic attack is tinkered at with more or less ill success for want of a look into the mouth. But there are other cases where it is much less apparent or indeed probable that the teeth are the *fons et origo* of our patient's complaints, and when, unless an inspection of them were insisted upon, as a matter of routine, the cause would never be found out.

The following case illustrates some of these remarks:—

Neuritis of Brachial Plexus with Muscular Wasting.

Mrs. A., aged 48, consulted me on May 4th, 1893. She gave the following history. She has had a life-

time of shocks and trials, she lost her husband suddenly, which gave her a great blow, and she has been, in addition, under constant mental and bodily strain for years, entailed by many severe illnesses amongst her children, and by the anxiety consequent on the management of a business to which she was unaccustomed, and for which she became all at once entirely responsible. Fifteen months ago she contracted influenza and has had one or two attacks of it since.

Shortly after this she began to suffer from what she considered neuralgic pains, first felt in the face, then in the left shoulder, and affecting the arm from the spine to the fingers. She had been carefully treated, galvanism and massage had been tried, but with little effect.

It will be noted that the history gave a sufficient explanation for any amount of neuralgia.

On examination, she is a stout, vigorous looking lady, but a good deal depressed owing to the severity and hopelessness of her case, and her face strongly indicative of the pain she had suffered. She carries the left arm in a sling, it is in a semi-paralytic condition. She has very much lost the use of the hand, the fingers are semi-flexed into the palm, they are tremulous and powerless, and any attempt at movement causes pain. The whole limb is weak, numb and stiff, and the muscles, especially of the hand, are markedly wasted. She has aching in the upper part of the spine, and the pain is specially felt at the back of the left shoulder, corresponding to the area of the trapezius muscle. This pain she describes as terribly severe, and of a sharp tearing nature. Besides this she has a sensation of pricking, which starting from the shoulder runs down the length of the arm, and is felt to the very finger tips, the pulp of the fingers being very sensitive and tender to the least touch. This pain is specially marked along the course of the ulna nerve, and its distribution to both sides of the little finger and outer side of the "ring." She gets at times sharp attacks of visceral neuralgia, in which the pains radiate from the solar plexus over the abdomen.

The *heart* is healthy, and the functions—including digestion and menstruation—are well performed.

Examination of the mouth reveals a most unhealthy condition of the teeth. She has hardly a sound one left

With the exception of one or two incisors, all the rest are hollowed into carious cavities, or are mere stumps, projecting or sunk below the gums. These latter are spongy and pus-secreting, and, from the periodontal inflammation, are in a thoroughly septic and unhealthy condition. She assured me this had been so for years, but her medical advisers, including a London specialist of the highest standing, had either totally ignored the matter, or had advised her to leave the mouth alone, and feeling herself too weak for any formidable dental procedures, she had been glad to follow this advice. She had been vigorously treated by tonics for the debility, as it was considered to be due to the mental anxiety and strain she had passed through, aggravated by the three attacks of influenza.

Admitting all these as abetting circumstances, I yet assured her of the absolute necessity of having her mouth attended to if she was ever to get rid of her troubles—neuralgia so-called, but really *acute neuritis with progressing paralysis*. She assented to this, and I introduced her to a good dentist, at the same time prescribing for her *rhus. tox.* 3x two drops three times a day, and *rhus.* liniment to be rubbed into the shoulder and arm.

May 6th.—Has felt pains rather easier. These she tells me are always increased by anxiety.

10th.—She began at the dentist's to-day. It was found she took gas exceedingly well. I administered a full dose, and at first sitting two or three bad teeth and stumps were removed. She felt severe pain in the left arm after extractions were over, when these were upon the left side of mouth. This was always observed to be the case, which is interesting as showing the connection between the inferior dental nerve and the brachial plexus. *Arnica* 3x was given every two hours.

15th.—She remarks that since certain teeth have been removed the pain has been more bearable, and allows of her sleeping better at nights, for these had been very much disturbed for a long time past. Now when she lies down she finds that the pain entirely goes, but she feels it on sitting up. A curious point was observed with regard to menthol liniment which she had been using. Although the arm was so acutely sensitive to pain or touch, she had not been able before this to perceive the cold sensation which this liniment causes on the skin. To-day she observed it for the first time, and welcomed

this as a sign of improvement. She was at the dentist's again for further extractions, for the after effects of which I gave her *hypericum* 1x, *arnica* 3x alternately every two hours.

The dental operations were trying ordeals, and would have been difficult and almost unbearable but for the gas, which entirely removed all the pain at the time, and enabled her apparently to get more sleep afterwards as she always slept best on the nights it had been used.

23rd.—Deep molar roots were removed from the left upper jaw, and directly she came to she felt sharp pain in the left hand.

29th.—A mass of molar roots was extracted to-day, with some of the alveolus adherent and was followed by free hæmorrhage.

30th.—Two stumps were elevated from left side, followed by pain in left arm and ear. *Rhus tox* 3 every three hours.

June 2nd.—The last stump, a left upper canine root, was removed to-day. She had now had twelve teeth and roots extracted under nine inhalations of gas. As these were proceeded with day by day, it was interesting and instructive to observe how the pain in the arm grew less.

8th.—Passive finger movements were commenced, she was encouraged to use the left hand a little more. *Arsen.* 3x, 3 drops three times a day.

12th.—By this time she could report that there was little or no pain in the hand except at intervals. The pains diminished from above downwards, the hands and fingers being the last to recover. She could now do a little work with the hand, and had for some time discarded her sling. The numbness, paresis and cramp were all disappearing. Faradism was now begun for a short time daily. She complained of insomnia, for which *coffea* 6x was given.

17th.—There has been a distinct increase of power in the hand since last. To-day there was a sharp attack of enteralgia, for which *pulsatilla* 3x, 5 drops three times a day was given, and ordered to be continued for a few days, also to wear a Jaeger's Cholera Belt. Her complexion is now ruddy and healthy, and she only feels a pricking at times remaining of the pain she used to have.

A course of *phosphorus* 4x followed by one of *arsenicum* 6x was given. By the end of August she had lost all sense of pricking in the arm. The most she ever feels now is a sense of weakness and a slight aching, still along the old lines of the pain. This is only if she over-exerts herself, and this has always been the case. Any over-use of the arm or tiring herself generally, as by too long a walk, for instance, having more than once during the convalescence brought on a relapse of the old pain.

Sept. 4th.—She has had the peculiar sensation of having a third arm, with tingling. *Hypericum* 1x given internally, and the liniment rubbed into the arm. She has never had any prosopalgia since the teeth were removed.

Mrs. A. shortly afterwards left Torquay. I have heard from her at intervals since, that she still continues well and vigorous, only getting warnings occasionally if she over-exerts herself.

Remarks.—In this case we have a neuritis or inflammation affecting the nerve sheath and involving the brachial plexus, more expecially the inner cord and ulna nerve. General depressing causes were in existence, and the poison of influenza had to be reckoned with. But the exciting cause was the diseased condition of the teeth and gums, as evidenced by the acute pain felt in the arm and hand when the extractions were made, and the gradual but steady improvement in these, as one after another the offending teeth were taken away. Probably, if this neuritis had been allowed to go on, permanent disablement of the hand and arm would have followed.

Since these notes were made I have met with a gentleman who gave me an account of an illness from which he formerly suffered, where it would seem as though the leg had been affected in a similar manner to the arm in Mrs. A.'s case. The cause was also similar. A mouth full of bad teeth, the removal of which was also followed by a cure. If the cure of these cases is simply treatment of the mouth—removal or stopping of diseased teeth—it may be said the dentist only is required, and what need of anything further? In such cases I give, and believe in giving, indicated homœopathic remedies for the condition brought about. First remove the teeth to prevent further trouble, but this

alone will not perchance remove the mischief already set up. Here we have a disease called into existence by diseased teeth—neuritis—with muscular atrophy. For this, remedies such as *rhus*, *hypericum*, *arsenicum*, *phosphorus* and *arnica* were given with benefit, and for the object of lessening the temporary aggravation, which the necessary surgical procedures entailed.

According to Fleiss, as cited by Brunton, a severe form of paralysis occurs most commonly during the second dentition, whereas convulsions generally occur during the first. Its onset is sudden. The child is apparently in good health, but at night it sleeps restlessly, and is a little feverish. Next morning the arm, or more rarely the leg, is paralysed. The arm drops, it is warm but swollen, and of a reddish blue colour. It is quite immovable, but the child suffers little or no pain. Not unfrequently paralysis is preceded by choreic movements. Sometimes recovery is rapid, but at other times the limb atrophies, and the paralysis may become associated with symptoms indicating more extensive disturbance of the spinal cord and brain, such as difficulty of breathing, asthma, palpitation, distortion of the face and squint, ending in coma and death.

I have never met with anything of this sort amongst children cutting their second teeth, though I have frequently noted slighter forms of nerve disturbance with an increased irritability and susceptibility of the nervous system, for which *belladonna* is useful. *Chamomilla*, as with younger children, would be indicated as a preventive remedy, and I should suggest *cicuta virosa* should the severe cord and brain symptoms be met with.

A case simulating Hodgkin's disease due to bad teeth.

Mr. M., aged 36, living in the North of England, consulted me April 14th, 1891, for uneasiness of the chest and cough, which made him fear his lungs were becoming diseased. The cough was nearly dry, was always worse after eating, or if constipated, but in the morning he raises a little mucus. His breath is short and would not allow him to run. He is suffering from a repetition of colds, and suffers much in east winds, digestion is poor, tongue red at the tip and coated posteriorly, there is much flatulency, constipation and

chronic irritable condition of throat. He has had night sweats and has pain in the region of the spleen. He has smoked rather heavily for years. The family history shows that his father suffered from asthma, and his mother died of phthisis. He has had swelling of the glands in the axilla and neck for some time, varying at intervals and gradually increasing. The swellings are very large, specially during spells of east wind, causing prominences in front of the ear and obliterating the hollows of the neck below the jaws.

On examination I found the lungs and heart quite healthy; there was some tenderness of the liver and spleen, but no decided enlargement of either. In both axillæ the glands were much swollen, knotty and tender, so also in both posterior triangles of the neck, where they formed large prominent tumours. The parotid glands were also enlarged. None of the glandular swellings were as large when I saw him as he assured me they frequently had been. The pharynx was much congested, and the tonsils were angry, red, and swollen. The teeth were in a very bad condition. Many were old black stumps, some being cut off level with the gum, and all proper masticating surfaces were destroyed. The gums were thick and indurated. Formerly he had had many alveolar abscesses, and suffered much from toothache, but neither had troubled him for some time past, and on that account he had not thought that the teeth could have anything to do with his ill-health.

Prognosis.—Good, if the teeth are attended to.

Treatment.—A dose of *nux vomica* 1x was given after, and a dose of *hepar sulphur* 6x before meals. An *iodide of potassium* ointment made up with lanoline to be rubbed into the swollen glands. The after history of this case was very satisfactory. He returned home, put himself into the hands of his dentist, and had his mouth cleared of the defective teeth and put into proper order. The cough shortly abated, his general health greatly improved, and when recently seen this spring he was practically free of all the glandular swellings.

Remarks.—When first he came to me I must say the case presented a very formidable appearance, bearing a strong resemblance to one of lymphadenoma. Huge lobulated and conglomerated masses in the neck, over the jaws, and in the axillæ, together with the failing

state of his general health and poor family history, seemed to foreshadow a most unfavourable future. The state of his mouth, however, would, I thought, probably account for a great deal, and the result justified the expectation. There had been here direct absorption of inflammatory products from chronic periodontal mischief. But a question presents itself here. This mischief had existed for years, and yet the glandular swellings were only of recent date. How is this to be explained? It is, I believe, in this way. He had formerly suffered from frequently recurring alveolar abscesses. These had discharged themselves into the mouth, and this septic matter was thus rid out of the system. But as time went on, constant inflammation had led to a dense and indurated condition of the gums. Septic discharges less easily reached the surface, and pent up in the tissues they were taken up by the lymphatics and carried to the glands. So these glands and lymphatics, first behind and about the jaws, then those situated in the posterior triangle of the neck, and the axillary glands all in communication with each other were kept in a state of constant irritation until at length a formidable condition of hyperplasia and enlargement was brought about. All this could not be expected to subside immediately on the removal of the cause; but the result has been most satisfactory. To-day Mr. M.'s health is better than it has been for many years, enabling him to lead a vigorous out-of-door life, accomplishing as a magistrate and country gentlemen a large amount of active and useful work.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

(Reported by Dr. Washington Epps.)

(*Continued from p.* 563.)

Cases X. and XI.—*Congenital Heart Disease.*

Dr. J. Roberson Day exhibited these two children suffering from congenital heart disease. The first case was in a girl of 18 ½ years, who was first seen by Dr. Day in Feb., 1891. There was then much more cyanosis than at present. The patent condition of the foramen ovale was diagnosed by Dr. Thomas Barlow at Uni-

versity College Hospital, when the child was only three months old. The patient was the third of four children.

The patient was very liable to bronchitic attacks, and suffered from the usual symptoms, namely breathlessness and palpitation. There was much hypertrophy and dilatation of the heart, and a marked systolic thrill and bruit. The thorax was very rickety, the transverse sulcus being well marked. There was a chronic pneumonic condition of the lungs posteriorly.

The patient had had the usual medicines for rachitis, but the special medicine which had done most to relieve the cardiac distress was *cactus grandiflora* ϕ.

The second case was in an infant of $2\frac{2}{12}$ years, distinctly rickety, with a widely open anterior fontanelle. She had also very well marked cyanosis, a loud systolic bruit and marked thrill, and was very subject to bronchitis. The liver was much enlarged. Under *calc. carb.* 6 and *calc. phosph.* 3x she had much improved in health.

Physical exercises, with the object of developing the lungs, were suggested, especially in the second case, the elder child being in a less hopeful condition.

Dr. Byres Moir thought the first patient would not live beyond 20 years. These cases seldom lived beyond that age. They were usually carried off by bronchitis or albuminuria. He suggested deep breathing to strengthen the heart muscles and for medicines *arsen. iod. strophanthus* and *cactus*. He considered that there was a much better chance of prevention in the second case as there was less deformity.

Dr. Moir also made some remarks on the treatment of pernicious anæmia in connection with the case exhibited on April 20th and reported in the *Monthly Homœopathic Review* for July. Following Dr. Fraser's case, which was reported in the *British Medical Journal*, he was giving this patient, a man of 22 years, one ounce of raw bone marrow on bread three times a day. This treatment of Dr. Moir's was continued for about three weeks, at first there was an appreciable good effect but it was not lasting and the bone marrow was discontinued. Latterly the patient has markedly improved under *phosphorus* and material doses (♏ vi. to xii.) of *liq. arsenicalis*. The former drug appeared to very much increase the number of the corpuscles and the latter had a most marked effect in increasing the quantity of hæmoglobin.

Case XII.—*Lymphadenomata.*

Dr. Byres Moir showed this case in Quin Ward. The patient was a single woman, aged 33, who had a most remarkable growth all round her neck and in other parts, of some two years' duration.

Her family history was good. Her parents were living and healthy; of their six children five were living, four healthy brothers and sisters and patient. One child died at four months of some brain affection. Patient herself had good health, except for anæmia at 17 years, until two years ago, when some lumps appeared on the left side of her neck, then in the left axilla; afterwards they also appeared on the right side of the neck, in the right axilla and in the groins. She had aching pains when the tumours first appeared, but not afterwards. She had suffered from great weakness for the last nine months and during the last three months had had to give up work.

Nine months ago she was dieted by Allinson, the vegetarian. During this period the disease much increased and an eruption of boils appeared on the legs and arms. After this she was treated, as an out-patient at St. Thomas's, with *arsenic* for six months, which appeared to aggravate the disease.

On admission, the temp. was 101°, and it varied between 101.3° and 98.4° during the seven weeks she was in hospital. It nearly always reached 100° and upwards at night.

She complained of extreme weakness and was unable to walk. She suffered from orthopnœa at night. The glands of the neck were enormously enlarged, and extended below the clavicle on the left side. Some of the glands were hard, others soft. There was also a large mass in the left axilla pushing the breast downwards, also some smaller ones in the right axilla and in the groins. There was also strings of small glands along the vertical borders of both scapulæ. The left breast was enlarged and thickened. The skin over the whole trunk and limbs was very irritable and covered with old cicatrices, looking very like the effects of phthiriasis. She suffered from great hunger and thirst, but was free from pain after food. The tongue was red and glazed. She perspired freely and passed large quantities of urine,

which was alkaline and contained an excess of phosphates. No albumen. The lungs were dull at both bases. The respiration at the apices was harsh. The breath sounds were absent at the right base, where crepitation could be heard. Heart healthy. Liver somewhat enlarged. Spleen much enlarged and pushed forwards. Hæmocytes 4,000,000 per c.m.m.

During her stay in the hospital she developed some pressure symptoms, namely, difficulty in swallowing and in breathing, and some swelling of the left arm and hand. The measurement round the neck just below the larynx and above the tumours was 13¾ inches. That over the greater prominences, taking a somewhat oblique line, was 21½ inches. She measured round the chest, just below the axillæ, 32¾ inches. Patient at the time of the consultation was taking *natrum mur.* 30, which seemed well indicated by the condition of the skin, as well as the constitutional state. She afterwards received *rhus* 6, and *arsenicum* 2x. When she left the hospital the disease was certainly increasing.

The general opinion was that the tumours were lymphadenomata, which were taking on a malignant type. Special attention was directed to the chain of small glands running down the back, on the inside of the scapulæ, where lymphatic glands are not usually found.

Case XIII.—*Elephantiasis arabum.*

This case was the same patient that Dr. J. Galley Blackley showed at the consultation held on March 2nd, and which is reported in the June number of the *Monthly Homœopathic Review.* It was an extremely typical case of sporadic elephantiasis arabum in an Englishwoman of 56. The patient had been treated by Dr. Blackley for a number of years. The patient had been taking *thyroid* extract in 5 grain doses once, twice or thrice daily for three months. The medicine had however failed to have any appreciable effect on the swelling. The patient had been kept in bed for some weeks and during this enforced rest the swollen leg had become softer and somewhat smaller. This diminution of size and lessening of tension had been previously noticed on several occasions when the woman had been warded and was undergoing other kinds of treatment.

CASE XIV.—*An unusual ulcer of the finger.*

Mr. Dudley Wright showed this case, which was attending his out-patient clinic. The patient was a single woman, aged 21, who some six weeks previously had grazed her left thumb, over the metacarpo-phalangeal joint, on a grate; the next day it began to swell and became painful, and the swelling extended up the arm to the shoulder. Her local doctor lanced the swelling and squeezed it; dark matter, almost black, exuded. She then applied linseed poultices, which took down the swelling and increased the discharge. Three weeks after the injury, her doctor cauterised the wound with *argen. nitr.* in the morning, and the following evening vesicles and bullæ appeared around thumb and up the wrist. The edges of the sore now became raised and hard.

At the end of the fourth week patient came under Mr. Dudley Wright's care. She had then a circular sore with hard raised edges over the metacarpal joint of the thumb on the dorsal aspect. All around were small pustules something like herpes, and the skin was denuded of epidermis. *Ac. nitr.* was prescribed internally, and a mercurial ointment applied externally.

At the consultation some members thought the ulcer very like a hard chancre. The general consensus of opinion was in favour of the lesion being an abrasion which had become irritated and inflamed, and the inflammation had spread up the lymphatics almost to the shoulder. The treatment advised was some simple soothing local application, as compresses soaked in boracic acid lotion; a cold starch poultice was also suggested by Dr. A. C. Clifton, and *lachesis* internally.

Under the treatment advised the ulcer on the joint rapidly filled up and healed, but the inflammation which spread along the lines of the lymphatics gave considerable trouble, and was not quite healed when the patient was last seen. Cold water dressing at first gave considerable relief, but afterwards hot fomentations and dusting with dry powder afforded great relief.

CASE XV.—*Ulcers of the sole.*

Dr. Epps exhibited this case.

The patient was a postman, aged 39, who had been in the service for twenty years. He was a married man,

who had had perfect health up to the previous autumn, having been on sick leave only 27 days in 20 years. His wife had one child, which was quite healthy, and no miscarriages. He had never had syphilis, but had had a slight attack of gonorrhea when 22.

Last autumn he suffered from influenza, and in December, 1893, he noticed a sort of gathering, like a corn, on the instep of his left foot, which he poulticed. This corn in about a week become very painful, extended, and eventually formed a deep circular ulcer the size of a shilling. The ulcer was extremely tender and painful; the surface of the ulcer was a deep red colour with a dark centre, and gave off a sanious discharge. At the circumference the ulceration was a quarter of an inch deep. In about three weeks a similar ulcer appeared on the outer side of the first, and three weeks later a third in front of these, and a month later a very small one just in front of the third; all the ulcers were similar in appearance. There was no history of injury of any kind.

The first and second ulcers were cauterized by his local doctor with *argen. nitr.*, but the third and fourth had formed since.

There were no symptoms of syphilis. The knee jerk was perfect in both legs. The urine was acid, sp. gr. 1022, and contained neither albumen nor sugar; many urates and oxalate of lime crystals were present. The pain was present day and night, and was most intense about 3 a.m., lasted for one or two hours, and quite prevented sleep. The pain was most intense in the second ulcer, and ran up the leg. His general health was perfect. The treatment at the commencement was *ac. fluor.* 6 internally and *hazeline* lotion. These appeared at first to have a healing action, but after about ten days the ulceration again began to extend and deepen. Afterwards *arsen.* 3 was given, and compresses soaked in warm *boracic acid* lotion, covered with india rubber tissue, were applied. Under this latter treatment the ulcers soon took on a healthy appearance, and when last seen they had quite healed, and the pain at night had quite disappeared. At the consultation no suggestions as to diagnosis were made, and as the remedies then being employed seemed suitable, no other treatment was advised.

CASE XVI.—*Œdema of the thigh in a youth.*

This interesting case was exhibited by Dr. Edwin Neatby. The patient was a young man of 20 years, who had œdema of the left thigh. The swelling dated from an attack of influenza sixteen months previously. The swelling, which was uniform and slightly tender on pressure, came on when the patient began to get about again after his acute illness, and necessitated his keeping his bed for four weeks. During that time, the swollen thigh was very painful, the pain coming on quite suddenly. He was unable to walk for three months. On examination, a condition of semi-solid œdema was obvious, with slight dilatation of the superficial veins. No evident cause of obstruction could be found in the pelvis by rectal examination. The epigastric veins were enlarged on the left side, but not on the right. Patient had no severe pain when exhibited, only a feeling of weight. His general health was good.

The diagnoses were various. Dr. Neatby thought the swelling due to venous obstruction from thrombosis. Mr. Knox Shaw, considered it a case of lymphangeitis, and Dr. Moir that the œdema was caused by thrombosis at the bifurcation of the left internal and external iliac arteries. The treatment advised was massage and Martin's rubber bandages.

CASE XVII.—*A tumour of the thigh.*

This case was shown by Dr. Epps. The man had been treated by him ten years previously for stricture. Patient had syphilis at 20. He was married, and his wife had had two children who died at two years of age.

Patient was first seen on April 20th, 1894, when he was suffering from a tumour on the outer surface of the left thigh, which he had noticed for six months. The tumour was 5¾ inches long by 3 inches broad. The circumference of the left thigh was 17½ inches, right 16½ inches. The tumour was hard and slightly baggy to feel, and painful specially at night, preventing sleep.

There was also a second smaller tumour on the inside of the left femur in front, which appeared attached to the bone. This also was painful at night.

The provisional diagnosis was gummata, and the remedy given *kali iod.* gr. v.—xx. ter die, and for two weeks *merc. biniod.* 3x gr. ii., and *kali iod.* gr. v., each

twice a day. At the consultation, July 20th, the diagnosis and treatment were generally confirmed. Dr. Galley Blackley, however, thought the anterior swelling due to periostitis and necrosis of the femur, and the larger tumour a deep-seated abscess. He specially laid stress on the presence of œdema over the larger tumour, and the baggy feel on deep pressure. Dr. Byres Moir advised the *kali iod.* to be given in gr. xx, doses, ter die. When last seen the circumference measurement of the left thigh had increased to $18\frac{3}{4}$ inches.

Case XVIII.—*Congenital syphilis.*

Dr. Galley Blackley showed this case.

The infant was thirteen months old. She was said to have been well until seven months old, when the mother noticed the stomach was very hard and then noticed a lump on the left side which seemed to grow larger. The child had had snuffles for three months, and had lost flesh. For the last month she had vomited very much. Up to three months she was fed on breast milk, then cow's milk and water, and latterly on Benger's food.

Family history.—Father healthy. Mother delicate, suffers much from rheumatism. One boy four years old healthy. No miscarriages. Mother's family all delicate, but none had died of phthisis.

At the consultation the child was very pale and was suffering from snuffles. The respiration was rapid, 44 in the minute. P. 134. T. 99. The bowels were rather loose, and there were four actions in the 24 hours.

The abdomen was much distended. The spleen was much enlarged, and reached to two inches below the umbilicus in the middle line. The liver also was enlarged, and extended three fingers' breadth below the costal margin. The movements of the two organs with respiration was plainly visible. There was marked beading of the ribs. There was impaired resonance in both bases of the lungs, with some crepitation in the left.

Blood. Red blood corpuscles 4,017,000 per c.m.m. White corpuscles 1 to 53 red. Hæmoglobin 45 p.c. Average size of corpuscles much above normal, many corpuscles poli-nuclear and several elongated and pyriform.

The case was considered specific, and the child was put on *kali iod.* gr. i. t.d.s. Under this treatment gradual improvement took place.

CASE XIX.—*A case of chronic diarrhœa.*

This case was shown by Dr. Galley Blackley. It had been sent into hospital as a case of chronic dysentery. The patient, a male aged 48 years, was, in December, 1893, taken with a sudden attack of diarrhœa, with sickness, griping and cramps. He laid up for a fortnight. As soon as he got about again he relapsed and had to remain in bed a further three weeks. Blood was passed in the motions, frequently and in varying quantities. Since then he has never been free from diarrhœa, and lately blood and mucus have been more constantly present. Bowels, on an average, act 6—7 times daily. Complains of internal and external piles.

Patient had syphilis at 18; he lived in India from 1870-75, suffered from piles there but not dysentery; seven years ago he was treated in Ryde for abscess of the liver. At this time he vomited a quantity of fluid resembling pus. He has otherwise been healthy. Family history good.

On admission patient looked older than his years. He had lost flesh. Two years ago he weighed 11st. 7lb., on admission only 10st. 4lb. Liver and spleen dulness not increased, no tenderness. Heart and lungs normal.

Whilst quiet in bed the bowels acted only three to four times daily, stools sometimes partially formed, blood and mucus nearly always present. Suffers from considerable tenesmus.

He had a dull crescentic-shaped rash on the skin, rather scaly but not irritable, and principally on the fore arms. The rash had been present more or less for fifteen years. Per rectum, Dr. Blackley found a somewhat vascular external pile and a small internal one. At the distance of the finger's length from the anus was an indurated growth forming a ring almost all round the bowel. The main mass was posterior and the inner surface was ulcerated. The diagnosis after the rectal examination was very simple. The case was clearly one of carcinoma of the rectum.

CONIUM.*

By W. Theophilus Ord, M.R.C.S. Eng., L.R.C.P. Lond.

Conium Maculatum, *L.* Common hemlock. *Nat. Ord.*, Umbelliferæ.

[Symptoms from *Materia Medica Pura*, vol. i., incorporated with provings numbered 3 to 17 inclusive in *Cyclopædia of Drug Pathogenesy*, vol. ii., and with symptoms from 13 cases of poisoning from the same source. Sections containing Hahnemannian symptoms are lettered "H." isolated Hahnemannian symptoms are unlettered, symptoms from *Cyclopædia* provings are numbered as in *Cyclopædia*, those from poisonings are lettered "P."]

MIND.

Peevish listlessness, averse to society, but dislikes being alone, timidity.

Peevish:[H] extremely, with anxious thoughts after a meal, in the morning, with confusion of the head in the forehead, aft. 29 h.,–disposition peevish, he knows not what to occupy himself with, the time appears to pass too slowly, aft. 8 h.,–(anxiety with extreme restlessness.[P])

Sexual hypochondriasis, especially of chaste males.

Crossness:[H] and constant ill-humour,–cross temper, everything about him made a disagreeable impression on him.

Melancholia, with aversion to members of her own family especially with suppression of menses. Compare—*ars, cmf, hyo, ign, lyc, pul, pla, na-m, zn-o.*

Dejection:[H] when walking in the open air, hypochondriacal indifference and dejection, aft. 1 h.,–sunk in deep thought, he cogitated timorously about the present and the future and sought solitude, –(disposition devoid of all agreeable feelings.)

Gaiety alternating with melancholy.

Cheerful and calm: cheerful disposition, he was inclined to speak, aft. 10h,[H]–in the morning, well, cheerful and strong,[H]–disposition cheerful and free,[H]–mind clear and calm and brain active, but the body almost asleep,[4]–mind clear, she remained calm, but without the power to move arms or legs,[6] –(smiled and wept,[P]–mirthful delirium[P]).

General mental weakness, inability to fix thoughts, chiefly after sexual excesses or debilitating diseases of old people; memory weak;—*ana, dig, ni-x, pho, ph-x, opi, stg.*

Stupidity, confusion:[H] the head is confused, difficulty in comprehending what he reads,–confusion of thoughts,–dulness of mind[16]–(want of memory,–loss of memory).

Delirium, with hallucinations, sometimes mirthful, when walking; - *bel, cas, hyo, nx-v, str.*

Delirium: and mania,[H]–mirthful delirium,[P]–intermittent, with hallucinations,[P]–d. during which he first walked about, followed by convulsions.[P]

Delusions of sight: imagines objects in room as figures of dead relatives, but could not help seeing them though aware they were illusions,[P]–hallucinations, with intermittent delirium.[P]

---

* In illustration of a paper on *The Study and Use of the Materia Medica in Practice. Monthly Homœopathic Review*, June, 1894. Pp. 334-342.

HEAD.

Vertigo worse by moving, turning in bed, or even moving eyes;—*bel, pho, pla, pul, rhs, san.*

Vertigo and Giddiness: v. that affects the head,[H]–v. round in a circle *when he rises from a seat,*[H]–v. so that all seemed to go round in a ring with him,[H]–g. instantly on moving eyeballs, with diminished motor power,[4]–sudden g., and such weakness of the legs as to compel him to lie down,[5]–g. and nausea,[6]–g. and nausea on fixing eyes, *goes on closing eyes and keeping still,*[14]–in ½ h. suddenly seized with g. and leg weakness,[7]–much g. with double vision,[8]–severe g., with ptosis and almost inability to walk,[9]–g. and debility of whole body, especially of legs and arms, so that he staggered as if intoxicated,[10]–g. becoming vertigo,[13]–g. only on moving eyes,[14]–(swimming of head, like beginning of sea-sickness.[14])

Vertigo in old people, or from excessive smoking;—*as-t, bro, sil.*

Head swims on rising from chair, or looking round;—*aco, ca-c, gel, opi, pho, rhs, sum.*

Stupefaction:[H] intoxication,–he understands with difficulty what he reads,–after drinking he becomes stupid in his head, –(apoplexy.)

Headaches with vertigo, sensitiveness of brain to noise, as if too full, bursting, often with tendency to start;—*aco, bel, gel, glo, ign, lyc, nx-v, pul, pho, san.*

Headache:[H] simple, when walking in the open air, he feels stupid also in the morning till breakfast,–violent with vertigo, making her sit in one spot sad and speechless for 3 or 4 d.,–gradually increasing semilateral h. like a pressing downwards as from something heavy therein and as if bruised, *aggravated by moving the eyes towards the affected side of the head,* aft. 2, 3 h.,–slight h.,[16]–severe, a violent squeezing, pressing sensation on vertex.[F]

Stupefying aching over eyes, with confusion of vision;—*cf, ars, ca-c, cyc, fer, lyc, nx-v.*

Frontal Headache and Pains:[H] pressive h. above the eyes from within outwards, aft. 4 h.,–h. externally as if contracted, on upper part of frontal bone which *goes off by stooping and applying his own hand to the part,* with chilliness, vertigo and peevish, want of recollection, aft. 1½ h.,–aching stupifying p. externally, aft. 3 h., also aft. 11, 54 h.,–on bone superiorly pressive p. as from a stone,–aching p. across eyes and mistiness of vision,[5]–severe p. over eyes with lachrymation,[F]–shooting p. out at the forehead at noon (–stitches in the forehead).

Tearing in temples, and sense of some foreign body in one-half of brain.

Tearing pain in temples:[H] in the morning tearing through the temple, 4th d.,–in temporal region, and aching in forehead, after a meal, 3rd d.,–when eating. (Flying stitches or tearings in the head,[11]–p. from top of head going to jaws and thence to chest, sharp stitching, impeding respiration,[F]–on the L. of occiput when walking slow tearing, aft. ½ h.[H]).

Fulness with giddiness, and sensation of weight in occiput;—*cf, aur, bel, chd, lyc, nx-v, na-m, pho, sep, spi.*

Fulness, weight, etc.: fulness as if a ligature had been tied round neck, with slight giddiness,[13]–when sitting bent forward there occurs from time to time a sensation of weight in the occiput that goes off and recurs, *it went*

off every time he raised himself up, aft. 2½ h.,[H]–sensation in the R. half of the brain as if a large foreign body was there.[H] (Sharp pressure on a small spot of the integuments.[H])

EYES.

Conjunctivitis and strumous ophthalmia, with intense photophobia and spasm of lids;—*aco, ars, bel, ca-c, hep, mr-c, nx-v, rhs, sul.*

Conjunctivæ reddened: red eyes,[H]–drawing pain in eyes, with redness,[H]–the white is red and inflamed,[H]–eyes somewhat congested and wild,[F]–(cornea glazed and shining[F]).

Acrid lachrymation, etc.: profuse, with frontal pain,[F] –aching as from a grain of sand, especially in forenoon, the white is red and inflamed, the tears forced out make the lids smart,[H] –(watery eyes[16]).

Cornea looks glazed, shining or yellow, chiefly in senile cases, corneal ulcers, etc.; eyes protruding with staring look or distorted, in delirium, etc.

Projecting and staring: wild eyes,[F]–movement as if they were pressed out,[H]–occasionally divergent stare,[17]–as if eyes were swollen and unnaturally protuberant.[13]

Paralysis of ocular muscles, especially internal rectus; —*alm, bel, cm, cyc, gel, hyo, mr-c, pul, spi, str.*

Movements of eye-balls: trembling of the eyes,[H]–paralysis of ocular muscles,[3]–on moving eyes slight difficulty in accurately sighting an object, eyes did not strike exactly where they were aimed,[14]–movement produces flickering of field of view, with a sudden rush of giddiness,[14]–raising eyes from a near to a more distant object produces sudden confusion of sight and giddiness, which ceases on keeping them fixed on anything, during which vision is distinct and unimpaired, but haze, confusion and giddiness instantly return on directing eyes to another object,[4]–lazy movements, dull, fixed and occasionally divergent stare, from depressing influence on 3rd nerve, producing partial paralysis of external muscles of eyeball.[17]

Movements of eye-balls produce dizziness and confusion of sight.

Ciliary neuralgia, especially on one side, worse by cold, with pain and dimness on fixing eyes;—*aco, ars, cmf, cle, ka-i, mr-c.*

Pupils dilated: aft. 1 h.,[H]–with heavy lids and general muscular lethargy,[4]–with eyelids closed but mind clear,[6] –slightly dilated,[7,13]–with much giddiness,[5]–slightly and only observable in subdued light,[17]–largely dilated and immovable, cornea glazed and shining.[F] (Contracted pupils, "curative action"[H]).

Cataract, chiefly traumatic, but also senile. Aggravation on lying down at night, pain and increased dimness on fixing eyes, or with feeling of cold in eyes, etc.;—*cf, ca-c, cup, na-m, pho, sec, sil.*

Confusion and mistiness of vision: dimness,[H]–weak sight,[H]–perfect when eyes are fixed, but *instantly confused on moving eyeballs*,[4]–from sluggishness of accommodation, good for fixed objects, but an uneven or moving object is dim and hazy, and looking at it causes giddiness,[4]–with heavy lids,[5]–weakness and dazzling of eyes,[10]–slightly dimmed, *aggravated by rising from table*,[13]–haziness, as if a thin film of transparent vapour were floating between eye and object, independently of dilatation of pupil, and is not incompatible with good definition for fixed objects, caused by partial paralysis of ciliary branches of 3rd nerve,[17]–(longsightedness in a shortsighted person, could

see distinctly objects at a considerable distance, aft. 3 h., followed by greater shortsightedness than usual, he could only see distinctly very near objects, "secondary action," aft. 29 h.[H]).

Partial paralysis of accommodation;—*dub, gel, jab, phs.*

Diplopia:[P] double vision,[13] with weakness, giddiness and dilatation of pupils,[8]–from inability to maintain convergence of the optic axes, except as a very evanescent effort.[17]

Red vision;—*bel, hyo, nx-m, pho, pla.*

Illusions of sight: objects appear red,[H]–bright points scintillating, or rather quickly moving, in distance, with dimness and reeling on movement,[13]–objects in a room indistinct and as if moving about,[P]–hallucinations, with delirium.[P]

Ptosis, indurations of edges of lids, blenorrhœa of lachrymal sac, etc.;—*bel, gel, cn-i, opi, sep, str,* also *grp, hep, mr-c, pul, sil.*

Heaviness of lids, ptosis: seem pressed down by a heavy weight, can scarcely raise them,[5]–could not open lids,[7]–relaxation of orbicularis, almost ptosis, in ½ h.,[2]–drooping of upper lids from partial paralysis of levator palpebræ muscle,[17]–lids completely passive.[P]

[All inflammatory conditions in which *con.* is indicated have intense photophobia with spasms of lids, chiefly neurotic, and with little visible inflammation.]

Irritation, etc., of lids: burning on inner surface,[H]–eyes were uncomfortable, he frequently brushes them to clear away apparent obstructions from lids,[13]–twitching of L. lid.[16]

Inner canthi smart, itch or shoot:[H] smarting pain, as if something corrosive had got in, the eye waters, aft. 4½ h.,–pricking, itching, not removed by rubbing, aft. 1½ h.,–in the morning, shooting in both, the lids are stuck together.

EARS.

Swelling and pain of glands behind ears;—*cf, iod, cap, bel,* with various remedies for *struma.*

Behind ears and mastoid process:[H] painful tension of the skin, even when not moved, aft. ½ h.,–stitches, especially in the mastoid process, in which there follows intense pain, aft. 5 h.

External ears:[H] violent itching, aft. 1 h.,–pain partly drawing, partly tearing.

Too free secretion of cerumen, which accumulates and hardens, causing deafness and noises in ears;—*hdr, mr-s, mex, sil.*

Internal ear, darting, etc.:[H] sharp blows outwards especially, and *more severe when swallowing,* aft. ¾ h.,–when she blows her nose she feels a dart in the ears, and then they seem stopped up,–sensation as if it were forced asunder.

[Hearing may be extremely sensitive, with headaches, vertigo, etc.]

Noises in ears: as if the blood rushed through the brain,[H]–ringing and buzzing in head.[P]

FACE.

Paleness of senile decay, or from sexual excesses, with blue rings round eyes;—*chi, fer, ph-x, pho.*

Flushed: with sweat on forehead,[16]–and very red,[P]–congested.[P]

Pallor, bluish: with swelling,[4]–pale, livid and cadaveric, during coma,[P]–bluish congested, like one strangled.[P]

Cheek becomes dark red and swells from cold.

Stitches, etc., in cheeks:[H] a fine s. darts through the R. side near zygoma, aft. 2½ h.,–long continued pricking itching in the R. and down L. side of face, which *goes off by repeated scratching*, aft. 2½ h.,–fine, dart through R. towards commissure of mouth, aft. 56 h.

NOSE.

Picking of nose in melancholia

Itching, formication:[H] in the n. after 1½ h.,–on the point, and in the nostrils, aft. 8½ h.–on the dorsum, aft. 1½ h.,–of nostrils,[16]–(twitching in the n.)

Nose sore, bleeds easily, polypus; *—grp, ka–b, pho, sep, thu.*

Bleeding, coryza, etc.:[H] frequent bleeding,–hæmorrhage,–frequent sneezing without coryza,–frequent discharge of mucus for several days as in coryza,–stuffed nose.[16]

MOUTH.

Tremulous condition of muscles of jaw; *—aga, cb–v, mer, opi, pho, stg, sul.*

Pains about jaws, spasm:[H] on the chin, fine stitches up through the jaw, aft. ½ h.,–soon after drinking a drawing from the j. towards ears and head, not exactly painful,–lock-jaw, trismus,–jaw cannot open,[P]–constant aching soreness in jaw,[P]

Toothache as indicated, chiefly with induration of glands.

Pains of Teeth:[H] when eating cold food, not when drinking cold fluids, drawing in hollow t. and through temples, aft. 8 h.,–on moving the lower jaw boring needle pricks between the l. teeth-rows, aft. 42 h.

Mouth usually dry.

Dryness or salivation:[H] dryness of mouth,–dry tongue,–excessive thirst without heat all day,–ptyalism,–salivation.[16]

Partial paralysis of tongue, with general p. of voluntary muscles, senile atrophy.

Stiffness of tongue affecting speech:[H] stiff, swollen, painful,–difficult speech,–speechlessness,–endeavoured to speak but could not articulate,[P]–on trying to speak t. cleaves to roof of mouth and jaw cannot open.[P] (Pain in the tongue).

THROAT.

Spasm rising up from stomach, with difficulty in swallowing; *cb–v, gel, lac, lyc, opi, pho.*

Impeded swallowing: spasms in the œsophagus,[H]–inability to swallow water.[P]

Pain, catarrh, &c.: shooting drawing in tonsils, with drawing in gullet,[11]–catarrhal obstruction in head and throat,[16]–(much mucus,[16]–feeling as if something were coming up to choke her.[P])

CHEST.

Sharp stitches or stabbing pains, usually associated with swellings, tumours, cancer, etc., of breasts, or with lactation; *—cf, ars, bry, cb–u, hdr, lyc, pho, phy, sil.*

Pressure and pressive pain:[H] pressive cutting on both sides, *aggravated by inspiration*, aft. 14 h.,–in morning, pressive pain on sternum with dyspnœa when standing, 3rd d.,–on both sides fine shooting pressure, *worst when he lies in prone position.*

Stitches, pricking, pain:[H] severe ss. like knife thrusts, with loud lamentations over it,–on walking in open air needle-pricks in the R. side,–fine ss. under the L. axilla, aft. ¼ h.,–sharp stitching pain to below L. breast from head, with feeling of choking and inability to draw breath,[P] (violent pains in the chest).

Weak action of heart, with oppression of respiration from sexual excesses, or in senile affections;—*ars, dig, ch-v, chi, nx-v, pul, pho, ph-ac, spi, sep, sty.*

Cardiac region: occasional pressure as if the heart would be pressed down, with oppression of the breathing, 3rd d.,[H]–flying stitches and tearings.[11]

Pains with oppressed respiration:[H] difficult r. and violent pains, aft. 3 or 4 wks.,–in evening when lying on the side in bed oppression of breathing with much pain, a drawing and tearing through the whole chest and hard pressure on upper part of sternum, which takes away the breath during inspiration, 3rd d.,–all day pressure on sternum and a pain at one time shooting at another tearing round the nipple and the mammæ, with frequent oppression and shortness of breath, 4th d.

Impeded respiration associated with paralysis of voluntary muscles, senile asthma.

[Paralysis of *con.* ascends from feet and kills by arrest of respiration.]

Impeded respiration:[H] difficult,–slow,–short, panting,–his breathing, *especially inspiration*, is very difficult, it feels as if the chest did not expand sufficiently, aft. 4 h.,–in the evening in bed extremely difficult, slow difficult inspiration,–desire to sit erect, cannot breathe easily when stooping,[16]–feeling of inability to draw breath, difficult stridulous, loud inspirations,[P]–diaphragmatic breathing and lividity of face.[P] (Tightness of chest, frequent).

[*Con.* causes wasting of breasts and cessation of lactation.]

Has an undoubted effect on some mammary tumours, especially scirrhus, with stony hardness, and if caused by a blow, and worse before menses — see "Pains in chest."

Breasts and nipples, pain, wasting, etc.: tearing or shooting round nipple and mammæ, with frequent oppression and shortness of breath, 4th d.,[H]–agreeable but violent itching in both nipples,[H]–pain under L. breast,[P]–wasting away of breasts and sudden stoppage of lactation,[P]–breasts became emaciated to baggy flaccid skin and never returned,[P]–(inflammation of the scirrhous mamma.[H])

Dry cough, worse by talking, laughing at night, especially in old people, from dry irritating spot in larynx, with suffocative attacks, the little mucus loosened is usually swallowed, has been used for whooping cough with these indications;—*cf, ars, bel, can, chi, dig, hyo, ipe, nx-v, pho, sam.*

Dry cough:[H] as from a tickle behind middle of sternum, aft. 24 h.,–there is a scraping and crawling in chest causing a dry almost continual c.

Cough, violent, whooping:[H] more severe c., as from a tickling behind sternum, with expectoration, aft. 24 h.,–violent,–whooping c, with tightness of chest,–whooping c. with bloody mucous expectoration.

Pulse slow and often irregular —*vide* 'Heart.'

Pulse slowed: large and irregular,[H]–to 30, during fit, hard and small,[P]–and weak.[H]

Pulse irregular:[P] large slow, betwixt which several small quick beats follow without regularity.[H]

Pulse accelerated: quick,[H]–from excitement went up to 120, but in a few min. became quiet,[6]–84, rising to 90 in ¼ h., then to 110, with slight dyspnœa on walking across room.[16] (Soft, feeble, not too fast,[19]–68, undiminished, force and volume regular.[4])

NECK AND BACK.

Swelling of glands, with stoney hardness, if indicated by symptoms.

Drawing in neck:[H] on R. down to shoulder-joint when at rest, 3rd d.,–in nape when walking in open air, aft. 1 h.,–throbbing in nape, where it passes into R. shoulder, aft. 8 h. (Increased swelling of the goitre.)

Pains, etc., in back:[H] stitches in sacrum and drawing through lumbar vertebræ when standing, aft. 3½ h.,–drawing through lumbar vertebræ when standing, aft. ½ h.,–tensive p.,–under both scapulæ painful tension in the muscles when at rest that is *very much increased by raising up the arms*, aft. 24 h.,–exercise develops a weak back, lumbar region feels disjointed.[16]

UPPER EXTREMITIES.

No special indications in affections of extremities have been observed, except cracking of joints on moving, coldness & numbness; for 'debility' and 'paralysis' see 'General symptoms.'

Pains in upper arm, tearing, drawing, etc.:[H] paralytic drawing p. when at rest, aft. 1½ h.,–tearing through, the 1st evening in bed,–alternate tearing and shooting at rest, *goes off by movements, but returns*, aft. 3 d.,–sense of weariness and weakness in biceps, with constant disposition to flex and extend forearm,[13] –(p. in R. arm as if bound.[16])

Elbow-joints:[H] heaviness, with fine stitches,–cutting pain in bend of L. from within, outwards when at rest, aft. 50 h.

Pains, etc., in forearms:[H] dull drawing, more severe when at rest than when moving, aft. 72 h.,–on outside of L. bruised p., most severe when touched, aft. 62 h.,–in the muscles cramp-like p., especially when leaning on arms, aft. ½ h.,–drawing in L.,[16]–(constant disposition to flex and extend forearm, see *upper arms*).

In the wrist-joints:[H] paralytic drawing pain when at rest, aft. 1½ h.,–fine stitches, aft. 10 m.

Metacarpals, pains, stitches, etc.:[H] shooting dislocation pain in carpal joint of L. thumb, especially on bending it inwards,–sharp stitches in middle joints of fingers, when at rest, aft. 8 h.,–cutting blows in proximal joint of thumb, aft. 48 h.,–cramp in 3rd finger prevents writing easily,[16]–numb pricking in fingers, extending gradually to elbows, causing stiffness of muscles and difficulty in moving forearm and hand.[12]

LOWER EXTREMITIES.

Stitches about hips:[H] long continued deep s. superiorly at the insertion of the R. gluteus maximus, aft. 3½ h.,–while sitting some obtuse ss. on upper end of L. thigh near trochanter that do not interfere with walking, aft. ¼ h.,–pinching over L. hip.[16]

Needle-pricks in muscles:[H] of the L. thigh, when sitting, aft. 26 h.,–itching, on posterior aspect of thigh, most severe when sitting, aft. 8 h.

Pains in thigh, drawing, clawing, &c.:[H] dull drawing in the R. when at rest, *alleviated by movement*, aft. 1½ h.,–

when walking in the open air cramp-like p. in the anterior muscles of the R. aft. 18 h.,–fine clawing-in on the posterior aspect, aft. 12 h.

Pains round knee-joint, violent tearing:[H] tearing p.,-tearing round patella when sitting, aft. 2½ h.,–when walking and even when standing in the open air extreme p., causing him to cry out, round the whole L. knee, as if the patella were bruised and smashed, from which when he makes an effort to walk he became hot all over like the heat of anguish, aft. 10 h.

Tearing, etc., in tibiæ:[H] on the 1st evening in bed,–cramp-like, now on the R. now on L. when walking in the open air, aft. 37 h.,–they pain as if bruised, 4th d.,–on stretching out the legs when sitting or throbbing pressure on tibiæ, aft. 3½ h.,–drawing in R.[16] (A spot on the leg that had been injured 12 d. before by a blow and was hitherto painless becomes blue and spotted, and on the slightest movement pains like knife-thrusts, but when walking and when touched it pains as if bruised.[H])

Calves, etc.:[H] tensive stiff pain,–drawing on inner side of L. calf, and on the dorsum of R. foot, aft. 8 h.,–at first a fine then a severe shooting on both ankles of the R. foot for 2 d. waking him at night, it went at last to calf also, when sitting they were slower, *when walking more frequent and severer stitches*,–(slight wearisome pains in muscles of legs.[6])

Tearing, &c., about feet:[H] on dorsum, the 1st evening in bed,–in morning of 3rd d. in ball of big toe when standing and sitting,–in soles when walking, (on treading the sole is painful like formication, on walking the pain is more shooting,–brings on podagra).

Numbness of feet, insensibility, etc.: numbness and insensibility,[H] –insensibility of feet and legs,[3]–numb pricking in feet extending gradually up to thighs.[12]

Twitching, coldness, etc., of feet: at night a twitching and uneasiness in the feet and after every twitch in them shivering,[1H]–stiffness and coldness,[2]–stiffness,[12]–heavy clogging sensation in heels, aft. ¾ h.[4]

Paralysis, weakness, staggering: one leg shakey and almost too weak to support body when the other is raised,[4]–tottering on attempting to walk, knees tend to fall forwards,[5]–loss of walking power, in 20 min.,[6]–for ½ h. could neither stand nor walk, during next ½ h. was tottering but could walk with help,[7]–slight tottering,[8]–difficulty in walking, requires assistance, legs nearly paralysed, in 1 h.,[12]–weariness and weakness of knees, gait less firm,[13]–staggered as if intoxicated, but conversed rationally.[F]

APPETITE AND TASTE.

Loss of appetite after debilitating fevers, diphtheria, typhoid, etc., or from masturbation.

Appetite diminished:[H] immediately, for food and tobacco smoking,–loss of appetite,[16]–complete loss, and great weakness of stomach,–diminished,[16]–(increased[11]).

Taste: strong saline on tongue, especially when hawking up mucus, but less in saliva, continuing several days,[11]–sometime there occurs spontaneously a bitter taste in the throat, aft. 11.[H]

STOMACH.

Eructation:[H] frequent,–incomplete, which causes pain in the stomach,–and inclination to vomit,–followed by rumbling in bowels.

Has been used in cancer of stomach, with hæmatemesis; 'coffee-ground' vomiting, burning pain, etc.; —*ars, bel, bry, cb-v, cro, dig, ipe, mil, ni-x, nx-v, pho, sec, su-x, znc.*

Inclination to vomit, nausea: and eructation, with exhaustion,[H]–frequent n. and total loss of appetite, after eating followed by hiccup, yet he has a proper taste and good appetite,[H]–n. and giddiness,[6]–n. and giddiness and staggering, veritably sea-sick, his sensations being the same, worse by focussing eyes on different objects, *goes by closing eyes or sitting quite still.*[14]

Vomiting: violent,[H]–frequent, with total loss of appetite,[H]–ineffectual effect to v.[P]–spontaneous v.[P]

Gastralgia, especially with spasmodic 'stomach' cough; — *ars, bel, bry, col, nx-v, pho.*

After eating: oppression and hard pressure externally on the sternum, aft. 4½ h.,[H]–weakness of stomach immediately, indigestion after the least excess, with noises in head,[P]–(the drawing in the head and the numbness of the brain diminishes.[H]).

Burning in epigastrium, with stitches and pains extending to back, and eructations tasting of ingesta, see above; also *cf, au-c, ag-n, ca-c, chi, nx-v, pul.*

Stitches, pinching, burning, etc.:[H] cardialgia,–a pressure in the scrobiculus cordis like a drawing about in it, and then in the side of the chest some stitches also, in the morning,–fine ss. in the scrobiculus,–spasmodic pinching in the back,–shooting in the epigastrium in the morning on awaking, *aggravated by moving*,–gripings or pressure in epigastrium, preceded by rumbling in bowels,[11]–sensation of heat in gastric region,[13]–dull burning at epigastrium.[P]

ABDOMEN.

Hard swellings of liver, enlarged mesenteric glands and tumours with pains as described, swelling, fulness, weight, etc.;—*chd, hdr, lyc, mer, pho,* and *cf*, preceding sections.

Pains after eating:[H] in the evening, in umbilical region, as if the bowels were bruised,–½ h. after, drawing p. in the umbilical region,–every time after, pinching deep in the hypogastrium with good appetite,–after dinner drawing p. in the hypogastrium when sitting, 3rd d.,–in the morning belly ache, and all day a great fulness in the stomach and on the chest, 4th d., –(after drinking a drawing sensation).

Pains, cutting, pinching, etc.: pinching p., but not immediately before and not immediately after the stool,[H] –cutting p. deep in the hypogastrium, with appetite and sleep at night,[H]–in the morning after rising, drawing p. in the umbilical region, 3rd d.,–slight griping.[16]

Pressure, oppression: and clawing,[H]–when not eating,

constant pressure deep in hypogastrium as from something heavy,[H]–in the morning when sitting, drawing in the hypogastrium and pressure up to the epigastrium, much distension of bowels and flatus,[16]–great swelling of belly.[F]

Pains on exertion, &c.:[H] when walking drawing p.,–when laughing he has p.,–(when walking he has p. above the hips).

Pinching stitches in muscles:[H] on the L. and below the navel sharp ss. dart upwards in short fits,–after 8 h.,–fine p. above the navel on bending the body forwards.

Pains, violent bruised, etc.:[H] most violent colic p.,–extremely violent drawing,–bruised pain when sitting,–(tearing in the pubes when sitting).

RECTUM & STOOLS.

Constipation, with frequent ineffectual call;—*ign,nx-v.* After stool, weakness and trembling;—*ag-n, pho, ver.*

Tenesmus: constant call to stool, but he can only evacuate twice daily and the motion is thin,[H]–violent t. followed by sweats,[16]–(burning during stool[H]).

Diarrhœa: weakening,[H]–disposed to d., urgent liquid stool.[16]

BLADDER AND URINE.

Pains in urethra, burning, prostatic discharge, urine intermits whilst passing, better standing, prostatitis of old men, and from excesses, chronic cystitis; urine thick and turbid;—*cf, can, cau, cn-i, cap, ni-x,nx-v,ph-x.*

Burning in urethra, pains, etc.: in the morning, immediately after urinating for ½ h.,[H]–violent stitch extending forwards to its orifice,[H]–great p. when urinating, which always brings along with it turbid, viscid mucous,[H]–acute lancinating transient pains at neck of bladder.[13]

Pressure, strangury:[H] a sharp pressure on the bladder,–cramp-like pressure in the region of the neck of bladder from without inwards, with sharp stitches soon after urinating, which last many hours, *worse when walking than when sitting*, aft. 48 h.,–after urinating a smarting urging to urinate, aft. ½h.,–(could not pass urine,[F]–suppression of urine, ischuria[H]).

Diuresis: with great pains,[H]–frequent micturition,[11]–(urine free, dribbling afterwards, incontinence[16]).

GENITALS.

Hæmaturia: frequent, with tightness of chest.[H]

Hypochondriasis effects of sexual suppression, hysteria, etc., sexual nervousness in males;—*pho, ph-x, sn-o.*

Pains: tearing through penis, when not urinating, 4th d.,[H]–p. as if a knife were cutting through the middle of scrotum between the testicles up to above the root of the penis, often returning for a short time, aft. 50 h.,[H]–drawing in L. spermatic cord,[16]–(testes are heavy and sore[16]).

Enlarged stoney hard testicles; emission from constipation, exhaustion after coitus, etc.

Itching: in the penis, mostly on glans,[H]–of scrotum, it seems swollen, followed by erection of penis without desire.[16] (Excitement returns without provocation, great exhaustion after coitus[16]).

Acrid leucorrhœa; dysmenorrhœa; suppressed

Female: leucorrhœa of white acrid mucus which causes burning,[H]–menses checked or delayed,[H]–lactation

menses; cancer of cervix; swelling and pain of breasts before menses; —*sab, sep, sul*, etc.

ceased, menses returned, breasts wasted away,[P] *(for breasts see under chest)*.

SKIN.

Eruptions, papular, etc., with burning itching.

Pimples, rashes, etc. : a pimple on forehead with tensive drawing pain per se, touching it causes tearing pain around it,[H]–inflammation of skin of whole body with burning pain,[H]–a severe attack of urticaria lasting 24 h.[P]

Formication, with dryness and often yellowness of skin, in senile cases; — *alm, ars, mez, rhs, sul.*

Itching of pudenda and hairy parts, especially with suppression of menses;—*ca-x, cb-v, grp, sep, sil.*

Formication, pricking, etc.:[H] on the nose,–shooting itching all over the chest, which was always *removed for a short time only by scratching*,–itching f. on the forearm that *goes off only for a short time by rubbing*, aft. 1 h.,–f. in the affected part,–here and there on the body slow itching, smarting stitches,–in the evening in bed, an eroding itching, always commencing with a prick only on the right half of body, *especially when he lies on it*, which causes a restlessness in all the limbs, and is *readily allayed by scratching, but soon reappears on another spot*,–itching on the limbs,[16]–itching on upper lip, aft. ½ h.,–repeated itching in various parts,[16]–itching in hairy parts, especially scrotum,[16]–of anus.[16]

SLEEP.

Drowsiness by day, falls asleep at meals, etc., in old persons;—*cin, lyc, nx-v, opi, pho.*

Drowsiness by day:[H] frequent yawning as if he had hot slept enough, aft. 72 h.,[H]–when he gets up in the morning he is sleepy,–he cannot keep awake while reading, aft. 8, 8 h.,–in the afternoon with all his efforts he could not keep off sleep, he must lie down in sleep,–in the 3rd evening great d. and disinclination for everything,–disposed to sleep,[5]–body almost asleep but mind active,[4] with heaviness of lids,[7]–sleepy and languid.[16]

Sleeps long and heavily in morning, but wakes with headache;—*bry, cb-v, lyc, nx-v, pho, ph-x, pul, sep, sil.*

Sleep, stupefied, profound:[H] too deep sleep, after which the headache, which previously was scarcely noticed, becomes always increased,–sleep quiet, especially in the morning, very profound and longer than usual.

Difficulty in falling asleep before midnight; —*aco, bel, cof, gel, rhs, sul.*

Sleep diminished or interrupted:[H] he only gets to sleep after midnight,–he wakes up earlier in the morning,–sleeplessness,–(she becomes peevish and falls asleep aft. ½ h., during sleep twitching in the arms and hands, the eyes are open and roll about).

Dreams:[H] of serious disease,–full of being made ashamed,–vivid voluptuous dream pictures, 1st night,–vivid, anxious, 2nd night,–sleep at night full of frightful dreams, 3rd night,–sleep towards morning full of frightful dreams, 1st night.

FEBRILE SYMPTOMS.

Chilliness in forenoon (likes to bask in the sun);—*ars, bel, ca-c cb-v, fer, grp, lyc, mer, pho, rhs, sep, spi, sul, ver.*

Chilliness, shivering:[H] immediately, – chilliness with trembling in all the limbs, so that she must always remain in the sun,–on several successive days about 8 a.m. shivering for ½ h.,–coldness and chilliness of the body in the morning, with giddy constriction of the

brain and indifferent dejected humour, aft. 2, 8 h.,–cold chilliness,[P]–cold, pale and tottering.[4]

Rigors:[H] all over the body with either accompanying or subsequent heat, aft. 15 h.,–all over the body with heat or thirst, aft. 50 h.

Fever:[H] for one day,–lingering f. with complete anorexia,–acute fatal f.,–great heat, with profuse sweat and thirst, with loss of appetite, diarrhœa and vomiting,–a tertian f. of bilious type, afterward frequent periodical paroxysms of f.[P]

Heat, with nervous flushings, as in various conditions mentioned; — *bel, gel, kyo, ign, nx-v, lyc, pho, ph-ac, sep, sul.*

Heat and flushings:[H] in the afternoon, flush of warmth all over the body without thirst,–sensation of internal and external h. after sleep,–continual h.,–great h.,–internal h. especially in the face and redness of it, without thirst, aft. 4 h.,–excessive h.,–in the afternoon 5 to 6 h. after rigor and coldness, a feeling comes over him of glowing heat in all the limbs, whereupon the numbness of the head and the indifferent sad humour goes off, and he takes the liveliest interest in all around, aft. 8 h.,–flushings followed by itching in various parts.[16]

Perspiration in bed at night, immediately on falling asleep; — *cb-a, chi, mer, pho, ph-x, sil.*

Perspiration:[H] he became red in the face and all over the body with particular heat, and perspired all over, *especially on the forehead*,–night sweat,–profuse sweat after midnight,–on awaking from sleep he finds himself in a gentle p. all over the body 3rd night,–sweat on forehead,[16]–easy sweats,[16]–offensive p. in axilla,[16]–local fœtid pungent p. with eruption of white transparent pustules.[H]

GENERAL SYMPTOMS.

Pains at rest and at first on moving, relieved by continued movement; — *ars, chi, dul, fer, lac, lyc, mer, pho, ph-x, pul, plat, rho, rhs, sep.*

Pains, chiefly at rest:[H] increased, intolerable, in the affected part,–*most occur when at rest*, and only as a rare alternating action during movement,–bruised sensation in all the joints when at rest, but little or *not at all when moving*.

Tearing: through various parts of the body,[H]–in the 1st evening in bed now in one limb now in another,[H]–flying stitches and t. in legs and hands.[11]

Traumatic affections, especially of lymphatics.

Muscular exhaustion and lethargy; — *cur, gel, hd, ka-c, ma-x, opi, pho.*

Exhaustion and general muscular lethargy:[H] nervous weakness, aft. 7 months,–great exhaustion,–in the evening and morning remarkable exhaustion in the whole body,–in the morning on waking, *goes off after getting up*,–weakness of the whole body,–loss of whole strength,–the strongest and most active persons when taking hemlock for a length of time lost all strength and had to keep their bed,–after a short walk he feels very exhausted and fatigued and is as if paralysed, whereupon the

General mental and physical debility, following exhausting diseases, sexual excesses, especially onanism, or in senility, often with tremors (see preceding sections).

peevish hypochondriacal humour comes on again,–any movement involving the balance of the body was attended by uncertainty and invariably accompanied by a rush of sea-sick feeling,[14]–distinct impairment of motor power, as if a drag was put upon him, cannot walk fast,[4]–tottering, cold and pale,[4]–almost inability to walk,[9]–marked languor during morning,[16]–weakness of limbs and staggering.[10]

Paralysis after diphtheria, or typhoid fever; — *ag-n, gel, mr-c, rhs, sty.*

Paralysis:[H] a kind of stiffness of the body, moving the joints of the nape, &c., cause a disagreeable sensation,–less muscular power all over body, amounting to complete paralysis of the levator palpebrae and hamstring muscles,[4]–nearly complete muscular paralysis,[5]–power of motion completely prostrated,[F]–numbness and inability to move limbs with sense of stiffness and powerlessness.[F]

Trembling:[H] of all the limbs,–constant,–(subsultus tendinum[F]).

Has been used in epilepsy, especially of strumous children; — *ca-c, cmf, ign, opi, plb, sil,* also *c/, ag-n, cin, cic, hy-z, hyo, nx-v.*

Convulsions: of the affected part and all the body, with danger of suffocation,[H]–convulsive movement,[3]–spasmodic movements of L. leg,[16]–epileptiform attack lasting 4 or 5 min., with contraction of all muscles,[F]–great restlessness and anxiety, insensibility, convulsions and death.[F]

Torpor, etc.:[H] laziness combined with insensibility,–obtuseness of all the senses.

Tremulous weakness, with vertigo and sudden attacks of faintness; — *aga, cmf, gel, ign, mer, str.*

Syncope,[H] coma:[H] pulselessness,[H]–only respiration, which was very slow, showed that life existed, pulseless, heart beats almost imperceptible,[F]–unconscious, pulse, only 80, extremities cold, face blueish,[F]–(blue colour of the whole body[H]).

Specially indicated in organic affections of lymphatic individuals when symptoms agree.

Illusions of sensation: when walking he feels as if something opposed his steps, and yet he walked very quickly, aft. 8 h.,[H]–his movements seem very clumsy to him, he must try and control them.[4]

Persistence of symptoms: after a single dose, giddiness, staggering, etc., usually pass off in 1 or 2 h., or after a sleep; occasionally wearisome pains in legs remain next day.[5] Drawing in tonsils and sometimes saline taste for 14 d.[11] Double vision for 2 d.[13]

The usual order of sequence of symptoms: giddiness, staggering, confusion of vision, chilliness, coldness of skin or extremities, with numbness, stiffness and sometimes pain, griping in bowels, burning in urethra, and frequent micturition.

Post-mortem: *Head*—unusual quantity of blood flowed from scalp and longitudinal sinus when divided, slight serous effusion below arachnoid and about ʒij of clear serum in lateral ventricles, substance of brain soft throughout, and on section presented numerous

bloody points (1). Autopsy showed great congestion of brain (7). *Lungs* intensely engorged throughout with dark red fluid blood. *Heart* healthy in structure but soft and flabby, blood in cavities mostly fluid, here and there a few small grumous clots. *Kidneys* and *bladder* showed much venous congestion. *Spleen* soft, easily breaking down under fingers. Mucous membrane of *stomach* much congested, especially at cardiac end, where were numerous extravasations of dark-red blood. *Intestines* healthy, here and there patches of congestion in mucous coat. *Blood* throughout body was of dark colour and fluid.

DIFFUSE MYELITIS.

By Thomas Simpson, M.D.

It is so seldom that we meet with symptoms which are said to indicate the presence of this disease that a few clinical observations in reference to it may not be unwelcome.

A clerk, aged 38, consulted me in November, 1893, for the following state:—

Loss of power of lower limbs, having gradually followed an attack of gonorrhœa (contracted 18 years before). There are frequent efforts to urinate, which are only partially successful (the stream being small and forked), the urine alkaline in reaction and depositing a copious sediment of mucus, with ammoniacal odour. The superficial reflexes are exaggerated, the knee jerk being violent and painful, and locomotion very difficult from unsteady gait.

The presumption is that there is a lesion of the spinal cord above the part from whence the nerves proceed, for we are taught that when the descending motor tracts are involved, and the cerebral influence is cut off, the spinal centres exhibit greater excitability; they lose the inhibitory influence of the brain and the reflexes of both kinds are increased.

More than one lesion might produce this condition, but the most likely would be a diffuse transverse myelitis cutting off the cerebral innervation. The cause of this state is difficult to trace in many instances. Did *this* result from the gonorrhœal poison?

The treatment adopted was simple, and has proved partially successful.

We gradually dilated a stricture of the urethra (which we found to exist at about five inches from the orifice) with graduated solid sounds, and then directed the patient to use a gum-elastic catheter every four or six hours (so as thoroughly to empty the bladder). Then we prescribed Contrexeville water and triticum repens infusion as diluent drinks, and clematis erect. (3) one minim every four hours. The bladder symptoms soon disappeared, and now, having carefully studied the physiological effects induced by lathyrus sativus so closely resembling the symptoms of the patient, viz.: "Paralysis of the lower extremities, with tremulous, tottering gait, the whole weight resting on the metatarso-phalangeal articulations, the heel never touching the ground," they instinctively seek to keep their balance by pressing with the hands upon the hips. The muscles of the buttocks and lower extremities manifestly emaciated, while those of the upper body retain their integrity. Seeing in these provings a picture of my patient's condition, I prescribed the third dilution, five drops night and morning (in water). The results have been so satisfactory that he can now walk to and from the railway station (a distance of half a mile) without assistance.

Waterloo, June 10th, 1894.

REVIEWS.

Everybody's Pocket Cyclopædia of Things Worth Knowing; Things difficult to Remember, and Tables of Reference. By Don Lemon. London: The London and Universal Bank, Limited, 449, Charing Cross, S.W. pp. 260.

This little volume very fully bears out the promise of its title page, and forms a most useful reference book for the study table. The subjects, relating to which facts of interest and of importance are mentioned, are Historical, Geographical, Literary, Scientific, Architectural, Domestic, Commercial, Physiological, &c.

NOTABILIA.

THE BRITISH HOMŒOPATHIC SOCIETY.

THE session 1894-5 commences on Thursday next. The place of meeting is the Committee room of the College of Organists, Hart Street, Bloomsbury. Tea and coffee will be served in the ante-room at half-past seven o'clock; business begins at a quarter to eight. The first quarter of an hour will be devoted to the reading of minutes, election of members and miscellaneous business. Papers will commence punctually at eight o'clock, when visitors will be admitted.

Thursday next, the 4th October, January 3rd, 1895, and April 4th, will be devoted to the reading and discussion of papers provided by the Materia Medica section, of which Dr. DUDGEON and Dr. ARTHUR CLIFTON are respectively Chairman and Secretary. The papers to be read on Thursday are one by Dr. HAYWARD, of Birkenhead, entitled *How to Learn Pathogenesy*, and a second by Dr. ORD, of Bournemouth, *A Comparison of the Drug-Symptoms of the Eye and Ear: their Analogies and Practical Importance.*

We trust that a full meeting of the members will be present to contribute to the consideration of these important and highly practical topics.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

IN issuing their twenty second annual announcement to their colleagues in the United States, the medical faculty give the following account of their opportunities for providing a thorough and efficient medical education:—

"TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES:

"Your attention is especially called to the position of and work done by the Boston University School of Medicine.

"It has from the beginning taken an advanced position in medical education; it was one of the first schools in the country to demand a thorough general education before matriculation in a medical school. It was the first, and for many years, the only medical school that provided a four years' graded course of study; that course has been steadily improved. It has largely increased its resources for instruction, and in the last twenty years over one million dollars has been expended in the establishment and support of the school and its associate institutions.

"Its laboratories, many of which are entirely new, are large, well lighted, and fitted with the most modern appliances, and are each capable of accommodating upwards of fifty students at a time. They provide for the following subjects: 1, general chemistry; 2, medical chemistry; 3, physiological chemistry; 4, zoology; 5, physiological physics; 6, advanced and experi-

mental physiology; 7, microscopy; 8, histology; 9, pathology; 10, bacteriology.

"Its medical and surgical clinics are of a most extensive character, over eighteen thousand patients annually being treated in connection with the college institutions. The Massachusetts Homœopathic Hospital is the largest of its class in the world, and provides for the students opportunities for the daily study of disease and a chance to assist in surgical operations. The dispensary has several clinics, among which the medical, surgical, women's, children's, eye and ear, and dental are daily; and those of the skin, throat, chest, nervous, rectal, genito-urinary and orthopædic occur at least twice a week. The Westboro Insane Hospital, Boston City Hospital, and other institutions afford opportunities for special observation and instruction.

"The university connection furnishes peculiar facilities for students desiring to secure special and advanced education, and the many educational institutions in and around Boston offer instruction in special subjects to any student desiring it in connection with his medical studies."

HOMŒOPATHY IN GERMANY.

FAITH in homœopathy as the scientific basis of drug selection is manifestly increasing both among physicians and patients in the German Empire. So considerable is this development, and so impotent to check its progress have the vulgar and commonplace schemes of falsehood, calumny and misrepresentation, proved themselves to be, that some of the German Universities have fallen back upon methods adopted 48 years ago by the Edinburgh and Aberdeen Universities, when they refused graduation to students simply because they would not decline to investigate homœopathy or to practise homœopathically should their enquiries prove it to be superior in relieving suffering to the methods they had been taught. The only result of these attempts to restrict the liberty of freedom of enquiry has been, we would remind the magnates of the German Universities, to cause the enactment of the 28rd section of the Medical Act, which prohibits the imposition upon any candidate for a medical or surgical qualification of "an obligation to adopt or refrain from adopting, the practice of any particular theory of medicine or surgery, as a test or condition of admitting him to examination or of granting him a certificate." The following paragraph, which appeared in *The Chemist and Druggist* (Sept. 8), summarises the proceedings that have excited the attention of homœopathic physicians in Germany:—

"The Central Union of homœopathic medical practitioners in Germany, held their sixty-second annual meeting at

Eisenach on August 9th and 10th. The secretary, in his report, complained strongly of the increasing persecution to which, he says, homœopathic practitioners and students suspected of homœopathic leanings are exposed at the hands of the orthodox faculty. During the past year professional honours have been withheld, it is alleged, from a number of medical men fully entitled to them, solely on the ground of their being avowed homœopaths, while examinees of whom it was known that they were favourably disposed towards the Hahnemannian doctrine were badgered and bullied by the examiners to an unheard of degree, and even formally called upon to renounce their principles, and submit to the teachings of the orthodox school. But as the blood of the martyrs is the seed of the Church, so the number of homœopathic practitioners increases year by year in spite or because of persecution."

HAHNEMANN'S CHRONIC DISEASES.

We learn from *The Homœopathic Recorder* (August 15th), that a new edition of this classical work of the founder of the homœopathic method is being "pushed through the press as rapidly as is consistent with thorough accuracy." The translation is the work of Professor L. H. Tafel. It is being edited by Dr. Pemberton Dudley, and has been annotated by Dr. Richard Hughes of Brighton. It will form a work of about 1,800 pages of the size of the *Materia Medica Pura* as translated by Dr. Dudgeon for the Hahnemann Publishing Society.

DETECTION OF MALINGERING BLINDNESS.

In a large factory in which several hundred workmen are employed, one of the workmen in wielding his hammer carelessly allowed it to slip from his hand. It flew half way across the room and struck a fellow-workman in the left eye. The man averred that his eye was blinded by the blow although a careful examination failed to reveal any injury, there not being a scratch visible. He brought suit in the courts for compensation for the loss of half his eyesight and refused all offers of compromise.

Under the law the owner of the factory was responsible for an injury resulting from an accident of this kind, and although he believed that the man was shamming and that the whole case was an attempt at swindling, he had about made up his mind that he would be compelled to pay the claim. The day of the trial arrived, and in open court an eminent oculist, retained by the defence, examined the alleged injured member, and gave it as his opinion that it was as good as the right eye. Upon the plaintiff's loud protest of his inability to see with his left eye, the oculist proved him a perjurer and satisfied

the court and jury of his claim. It was done simply by applying the knowledge that the colours green and red combined make black. He procured a black card on which a few words were written with green ink. Then the plaintiff was ordered to put on a pair of spectacles, with two different glasses, the one for the right eye being red and the one for the left eye consisting of an ordinary plain glass. Then the card was handed to him and he was ordered to read the writing on it. This he did without hesitation and the cheat was exposed. The sound right eye fitted with the red glass was unable to distinguish the green writing on the black surface of the card, while the left eye which he pretended was sightless, was the one with which the reading had to be done. —*Hahnemannian Monthly*, September.

FLIES AS CARRIERS OF DISEASE GERMS.

In his report on small-pox in Leicester, Dr. Priestley mentioned the possibility of small-pox bacilli being carried by flies, rats, &c., and in doing so referred to some experiments by Sawtschenko upon the point. *The Hahnemannian Monthly* (Sept.) gives the following summary of these and similar experiments from two German periodicals :—

"Dr. J. Sawtschenko (*Centralblatt fur Bakteriologie und Parasitenkunde*, Band xii., p. 898) reports the results of a series of experiments conducted for the purpose of ascertaining the possible connection between flies and the spread of cholera. Ordinary house-flies and another kind were fed with pure cultures of cholera, and as late as four days after ingestion the bacilli could be detected in the bowel contents and in the excreta. Bacilli taken from the contents of the bowels three days after ingestion and introduced into guinea pigs, caused death about as quickly as would the pure cultures themselves. The results were the same when the flies were fed with the excreta of cholera patients instead of the pure cultures. Some of the results of feeding indicated that the bacilli probably multiply within the fly, so that the insect is not only a distributor, but a breeding-place for the bacillus.

"U. Simmonds also (*Deutsche medizinische Wochenschrift*, 1892, No. 41) made experiments in the same line. He caught a fly in the autopsy-room at Hamburg when it was crowded with the bodies of those who had died of cholera, and made a bacteriological examination, which demonstrated numerous cholera bacilli. In order to ascertain how long the cholera poison could remain active on flying insects, experiments were made which showed that it remained virulent up to an hour and a half after drying, which is time enough for considerable distribution over long distances. The desirability

of carefully covering all objects contaminated by cholera dejections and of covering all food against flies is plain. After the first experiment with the flies in the autopsy-room the bodies were sewn up as quickly as possible and the tables washed, and subsequent experiments were negative in results.

CORRESPONDENCE.

PATHOLOGY AND SYMPTOMATOLOGY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Dr. Proctor's thoughtful letter in the August *Review*, and the passage which he appositely quotes from Dr. Hawkes's address at Northampton, are quite sufficient evidence that this question of the "relation of homœopathy to pathology" is one that is exercising other minds than my own, and that the occasion is apparently a favourable one for some clearer definition of what is meant by the term "pathology." Hard and fast definitions are, however, proverbially difficult to formulate, and in my address I purposely resisted the temptation to make such a definition, preferring rather to avail myself of what I conceived to be the *modern* acceptation of the term "pathology," one which appeared to me to be sufficiently comprehensive.

I must confess to a feeling of disappointment in reading the concluding paragraph of Dr. Proctor's letter, where he credits me with the very last thing I could have wished for, that of having used the term "pathology" in its "restricted meaning." So far from holding it to be merely synonymous with "morbid anatomy" (as used to be the case in my student days) I would go a step further even than does Dr. Hawkes in the passage quoted by Dr. Proctor. In the strictest sense of the word, the "pathology" of a given disease means neither its "morbid anatomy" nor its "symptomatology," nor a compound of the two; the latter are but the outward and visible sign of the morbid molecular changes, the perverted function, going on within the organism (the *morbid physiological process* in fact). The mere symptomatology and morbid anatomy of most diseases have been exhaustively worked out; what remains to be done is to arrive at a just appreciation of the nature of the morbid processes underlying both classes of phenomena. The necessity for this has been tacitly admitted for many years; even in the limited time at our disposal at the bedside do we not test the urine and make microscopical examinations of urine and blood, and do not these examinations afford us invaluable information, which cannot, however, be fairly considered as coming under the

category of either morbid anatomy or symptomatology? A medical man who attempted nowadays to depend entirely upon his knowledge of the morbid anatomy of "kidney disease," or the mere symptomatology of "anæmia" when called upon to exercise his supreme function of therapeutist, would incur no light load of responsibility. Indeed, it is a responsibility none of us care to face now-a-days. We avail ourselves greedily of any scraps of knowledge of the *morbid process itself*, of its "pathology," in fact. With regard to many diseases the blanks are being rapidly filled up, and it remains for us to attempt something of the same character for at least our principal drugs. In the meantime, as a more popular and comprehensive acceptation of the word pathology seems desirable, let it be understood, most emphatically, to include not only morbid anatomy and symptomatology, but "*all* you can get to know of the course, progress, and termination of any given disorder."

J. Galley Blackley.

Devonshire Place, W.

MR. TALLERMAN'S HEAT PRODUCING APPARATUS.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—I see that in Dr. Percy Wilde's letter on Mr. Tallerman's heat-producing apparatus for the treatment of chronic rheumatoid arthritis, he says: "If the object of this appliance is to raise the temperature of the tissues of the joint, it altogether fails in its purpose, *for no rise of temperature can possibly occur.*"

Now it so happens that I had been discussing this very point with Dr. Wilde just before Mr. Tallerman's demonstration at the Congress, and as my position on the platform was close to the patient being treated, I tested his temperature with my own clinical thermometer at 20 minutes, and again at 40 minutes after the treatment began; on the first occasion it registered 99.6°, and on the second 101°, while his whole visible skin was in a profuse perspiration.

It is clear, therefore, that this appliance does raise the temperature of the body as a whole, and we can hardly imagine that the tissues of the joint in the apparatus do not participate in this rise.

Yours very truly,

Ed. M. Madden.

8th September, 1894.

LEICESTER AND VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The Leicester epidemic of small-pox of 1891-4, is so instructive, that it is to be regretted that you restricted your interesting article on it to a review of the apologetic "Annual Report" of Dr. Priestley, Medical Officer of Health for that town, for 1893. That report deals only with that portion of the epidemic which occurred in 1893, and Dr. Priestley writes as a defender of vaccination. To get an accurate view of the matter it is desirable to check his report by reference to (*a*) the "Minutes of Proceedings of the Fever Hospital Sub-Committee," printed by Edward Shardlow; (*b*) the "Minority Report," ordered to be printed by the Sanitary Committee, and (*c*) the articles by Mr. Councillor Biggs, "Lessons of the Small-pox epidemic at Leicester, 1891-94," reprinted in the *Vaccination Inquirer* for July, 1894.

The Leicester epidemic has been among the mildest of the outbreaks that we have lately had in England, as is shown by Mr. Biggs on p. 58 of the *Inquirer*. "From this table of 11 towns, including Leicester, chosen by the *British Medical Journal*, we find the average fatality to be 8·6 per cent., while Leicester is only 5·8, or 2·8 per cent. less than the average in favour of Leicester of more than 33 per cent." It must be admitted, if vaccinist theories are true, that Leicester should have suffered more than well vaccinated communities, such as this of Birmingham, for instance. The reverse is the case. We have already had here, with 2·6 times the population, about 6 times the cases, and 9 times the deaths, as compared with Leicester. If we had fared as well as Leicester, we should have saved 136 out of the 191 lives lost up to the end of June last. Our epidemic continues; that at Leicester has been long since stamped out.

How then can we accept the conclusion drawn from Dr. Priestley's report "(*a*) that vaccination does to an enormous extent afford protection against an attack of small-pox, even when the influence causing an epidemic of the disease prevails in a community?" Turning to the *Vaccination Inquirer*, p. 55, you will see a careful analysis of the total of 362 cases, which Mr. Biggs "distributes as follows:—'unprotected' 154 (including one doubtful); 'protected' 177 (including one doubtful); 'doubly protected' 31, many of the two latter classes, as well as the former, being very severe cases. The attack rate in the 'unprotected' population was less then one per 1,000, while in the 'protected' and 'doubly protected' classes combined, it was nearly 21 per 1,000, being nearly 24 times greater than in the 'unprotected' class. The deaths

all told were 21, of whom one was vaccinated, one re-vaccinated, and the others are said to have been unvaccinated. Dividing these into three classes, the 'unprotected,' 'protected,' and 'doubly protected,' we find the respective death rates to be 109 per million living in the 'unprotected,' 159 per million in the 'protected,' and 270 per million in the 'doubly protected' class."

As to the inference that death "in one, who, having been vaccinated in infancy, is re-vaccinated in later life, such an occurrence is extremely exceptional," Mr. Biggs says (p. 55) "of the 31 re-vaccinated cases one died, or assuming the whole population to be re-vaccinated, a death rate of over 32,000 per million." He refers to part 2 of the Royal Commission, p. 278, to show that "3,958 re-vaccinated soldiers in the British army suffered from small-pox from 1860-88, of whom 391 died of the disease." And he points out that "this gives a small-pox death rate of nearly 99,000 per million among a strong, healthy, and specially selected re-vaccinated adult population."

As, owing to unaccountable blundering, the system of isolation was flung to the winds at Leicester, and numerous centres of infection were dispersed and treated throughout the town, and still small-pox did not catch on, the disease had every chance given it. But, as Dr. Priestley has to confess, in his letter to the Sanitary Committee, p. 5 of his Annual Report, it "has been prevented from running riot throughout the town, thereby upsetting all the prophecies that have again and again been made." The only advantage that Leicester had was the comparative absence of vaccination. There are about 100 unions in England and Wales where vaccination is no longer enforced, and about 548 where defaulters are prosecuted. The latter (Birmingham, Warrington, Manchester, Willenhall, &c.) have suffered more in this epidemic than the former, such as Leicester, Keighley, Dewsbury, Halifax, Gloucester, &c. It looks very much as if it was everywhere a law, more vaccination, more small-pox.

More closely bearing upon homœopathy is the account of the treatment received by the patients in the Leicester Small-pox Hospital. They were all treated the same (Annual Report p. 66) with "*alcohol*, *quinine* and *arsenic*," old topers, adults and children being stimulated with champagne and brandy. This in itself is enough to account to any disciple of Hahnemann for the trifling mortality that occurred.

But it may be presumed that allopathic routinism obtained also in the last Leicester epidemic, which occurred when nearly all were vaccinated. Mr. Biggs deals "a staggering

and mortal blow" to vaccination by giving, at p. 59 of the *Vaccination Inquirer*, the following cold arithmetical analysis:—

	1871-78.	1892-94
Estimated total population	98,251	184,547
Percentage of primary vaccinations to births for 10 years, ending with the middle of the year of each period ...	84·3	12·9
Number of small-pox deaths under 10 years during each period	193	14
Small-pox death rate of children under 10 per million living at that age ...	6,699	801
Small-pox death rate of children under 10 per million total population ...	1,964	76

Mr. Biggs remarks, "Had the same small-pox death rate prevailed among the children under 10 in 1892-94, as prevailed in 1871-78, there would have died, not the 14 which actually succumbed, but no fewer than 862."

The thousands of lives saved in Leicester by the discontinuance of vaccination would much more than counterbalance any loss of life from small-pox that such discontinuance might bring about, even if vaccination really prevented small-pox. But when the fact is grasped, after studying the diagrams appended to the 4th report of the Royal Commission, that vaccination promoted the zymotic diseases in Leicester, including small-pox, and that the mortality from them decreased steadily as vaccination decreased. One can see that vaccination has not even that plea to urge.

On this occasion I will not deal with apologetics based on the unsupported assumption that the cow-pox was inoculated too late (during incubation), or not often enough. The assertion that "all the malignant cases occurred among the unvaccinated" is disproved by Mr. Biggs, p. 57 of the *Vaccination Inquirer*, where he says "Another case was the poor laundry woman who was well vaccinated, and probably re-vaccinated. I saw her a few hours before death, and she died a truly terrible example, notwithstanding her 'protection.'"

In conclusion, I would protest against the introduction of abuse into a discussion which is after all a scientific one. Why apply to those who hold with Dr. Creighton, the able pathologist, or Professor Crookshank, the distinguished bacteriologist, or Dr. Cordwent, the public vaccinator of many years' experience that vaccination is "a grotesque superstition"—why apply to them the terms "reckless" and "thoughtless?" Why call us "political faddists," because we uphold the cause of personal liberty? This was the treatment accorded to the great and glorious Hahnemann. It is some consolation to think that he and his opinions would,

to-day, be held as of the same value as we and our conclusions within the Leicester Fever Hospital.

A. PHELPS.

Edgbaston, 12th August, 1894.

[Dr. Priestley's report dealt only with that portion of the epidemic of small-pox in Leicester in 1893, simply because the cases that occurred during the year before were reported on in his Report for 1892. Dr. Priestley writes as a defender of vaccination, simply and solely because he has seen such overwhelming evidence of its value. The articles by Mr. Biggs, which appeared in the *Leicester Post*, we have seen, and these are, we presume, those which our correspondent refers to as having been published in *The Vaccination Enquirer*. That the epidemic in Leicester was mild—in point of the number attacked—is true, and the mortality also was smaller than in most towns. That the number attacked was limited was due entirely to the readiness of the medical practitioners of the town in complying with the Compulsory Notification Act, and to the zeal of Dr. Priestley—who, among the anti-vaccination faddists, has, we believe, as his thanks, the honour of being the best abused man in the borough—in enforcing compulsory isolation, compulsory disinfection, compulsory quarantine, compulsory destruction of bedding, clothing, etc.; in restricting, in short, the centres of contagion within the narrowest area that a long and persistent neglect of vaccination enabled him to do. While the mortality was, on the whole series of cases, only 6.2 per cent., it must be remembered that out of the 21 cases that furnished this mortality only *two* had been vaccinated, while that which occurred among the unvaccinated under 10 years of age was no less than 14.3 per cent.! Our correspondent next refers to Birmingham, and we would remind him that, in that city, of 107 vaccinated cases occurring under 15 years of age not one proved fatal, while of 69 unvaccinated cases under 15 years of age 20, or nearly one-third, died! (*Report on the Health of the City of Birmingham for the year* 1893, by Alfred Hill, M.D., p. 44.) So that not only Leicester, but Birmingham, and, were we to go into the returns of other towns, we might add every other small-pox smitten locality, abundantly justified us in referring to the protection afforded by vaccination as "enormous." Further, as absolute matters of fact, Mr. Biggs to the contrary notwithstanding,

"There were no deaths (in Leicester)

"(1). Among the re-vaccinated.

"(2). Amongst those who had had a previous attack of small-pox.

"(3). Among the vaccinated children under 10."

—Dr. Priestley's *Report* on Leicester, p. 102.

With regard to our correspondent's observation on the treatment pursued, we would say (*a*) that so far as vaccination is concerned, no treatment affects the argument as to its validity in the slightest degree. (*b*). That the measures employed were precisely those—with the exception of *arsenic*—that would probably have been adopted by any medical man, who was unable to appreciate the value of medicines homœopathically selected; while *arsenic* would, very often, have been found called for by one who did, especially in malignant cases; though here we should have had greater confidence in *crotalus*. (*c*). That in spite of all therapeutic criticism, Dr. Priestley has the satisfaction of knowing that his mortality was exceptionally low.

Our correspondent alludes to what he describes as the "staggering and mortal blow" dealt at vaccination by Mr. Biggs in his statistical comparison of the epidemic of 1871-73, and that of 1892-4 in Leicester. This is how it is inflicted. In the former epidemic there were 193 deaths under 10 years of age, in the latter 14. Mr. Biggs, however, carefully omits to state whether any of the 193 children who died were vaccinated. Perhaps, however, he had no means of knowing. He admits that a residuum of 16 per cent. of the child population of that day was unvaccinated, and the history of every epidemic renders it more than probable that these 193 unfortunates were drawn from that residuum. That the number of cases 20 years ago was greater than that last year arose from the absence in 1871-3 of compulsory notification, disinfection, &c. That "vaccination promotes zymotic disease, including small-pox," is too absurd a notion, too utterly groundless an assumption to admit of discussion. There is no evidence that it does anything of the kind! The assertion that "all the malignant cases occurred among the unvaccinated" is perfectly true. "No vaccinated case," writes Dr. Priestley in his *Report*, p. 107, "has been of a malignant or semi-malignant type."

Our correspondent concludes by a reference to the "great and glorious Hahnemann." So far as Hahnemann expresses any opinion on vaccination he does so in the following terms: "It is only in accordance with my well known maxim (the new principle) that small-pox, to give one example from among many, has an important prophylactic in the cow-pox, which is an exanthematous disease, whose pustules break out after the sixth day of inoculation, with pain and swelling of the axillary glands, pain in the back and loins, and fever, and surrounded by an erythematous inflammation—that is to say, constituting altogether a disease very similar to variola." (*Hahnemann's Lesser Writings*, p. 426.)—Eds. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical. Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

CLINICAL AND THERAPEUTIC REPORTS OF RECENT CASES.—We propose shortly to devote a portion of our space each month to the record of brief notes of cases occurring in every day practice, chiefly interesting as illustrating the specific action of medicines. We feel sure that amongst the large number of those who now avowedly select their remedies in accordance with the law of *similars*, many must frequently obtain results which, if placed on record, would assist in building up our therapeusis. Dr. ORD, of Madeira Road, Bournemouth, has kindly undertaken to receive the reports and arrange this department of the Review. We trust that our colleagues will furnish him with the records of cases clearly illustrating the effect of medicinal action in relieving, or in promoting recovery from disease.

Dr. J. W. HARRIS.—Your letter is in type, but with two other communications was unavoidably crowded out at the last moment.

ERRATA.—P. 546, line 18, *for* "hear," *read* have. P. 548, line 12, *for* "possible," *read* impossible. P. 548, *for* "writers," *read* writings. P. 551, line 13, *for* "pathogenesis," *read* pathogeneses. P. 552, line 8, *for* "shall," *read* should. P. 552, line 8, foot of page, *for* "signalæ," *read* sequelæ. P. 552, on the last line, *for* "powerful," *read* beautiful. P. 553, on the 5th line, *for* "prominent," *read* permanent. P. 555, on the second line, *for* "lawns," *read* lanes.

Communications have been received from Mr. KNOX SHAW, Mr. WYBORN (London); Dr. HUGHES (Brighton); Dr. GIBBS BLAKE (Birmingham); Dr. CLIFTON (Northampton); Dr. J. W. HARRIS (St. Louis, Mo.); Dr. LAMBREGHTS *fils* (Antwerp).

BOOKS RECEIVED.

The Homœopathic World. September. London.—*Medical Reprints.* September. London.—*The Chemist and Druggist.* September. London.—*The Monthly Magazine of Pharmacy.* September. London.—*The Calcutta Medical Journal.* August.—*The North American Journal of Homœopathy.* September. New York.—*The New York Medical Times.* September.—*The Hahnemannian Monthly.* September. Philadelphia.—*The Homœopathic Recorder.* August. Philadelphia.—*The Medical Argus.* August. Minneapolis.—*The Pacific Coast Journal of Homœopathy.* September. San Francisco.—*Revue Homœopathique Belge.* August. Brussels.—*Journal Belge d'Homœopathie.* April. Brussels.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

THE PROPAGANDA OF HOMŒOPATHY.

Every subject which affects the interests, conduces to the comfort, or influences the health of the public is one on which information ought to be generally diffused, regarding which, facts, cautiously collected and accurately set forth, should be made accessible to all members of the community. That homœopathy does very greatly concern the welfare of the public, and that, moreover, in moments often grave and anxious, is a well substantiated fact. Every physician, who in the earlier years of his professional career has treated disease according to the traditions of the fathers, and at a later period by homœopathically selected medicines knows this fully; every sufferer, who has at one time passed through a serious illness with no other assistance than such as is afforded by non-homœopathic physicians, however kindly and thoughtfully supplied, and has on another occasion encountered an attack of a dangerous malady with remedies indicated by the knowledge vouchsafed to us through homœopathy, has been made to feel the inestimable character of the advantages of homœopathy. For example: when compared with the duration of an acute illness treated antipathically or allopathically,

that of a precisely similar case ministered to through homœopathy is much shorter, recovery is not only speedier, but more perfect; the period of convalescence, and consequently of enforced absence from business, is much abbreviated; and further, the frequency of those *sequelæ* which too often follow in the wake of acute disorders, is much diminished. And yet again, to the homœopathically practising physician, the many painful and nauseating measures which are inevitable when the treatment of disease is non-homœopathic, are unnecessary; while the great end of all treatment—recovery—is more frequent where the sick are treated homœopathically than where they are otherwise cared for.

By providing information on these points, by proving them, and by disseminating the knowledge of these proofs as widely as possible, we are doing that which tends to increase the degree of health, conduces to the comfort and promotes the longevity of our neighbours.

Further, by informing the public of what homœopathy means, and of the results which accrue from its practice, we obtain powerful assistance in enabling us to make yet more generally serviceable the important therapeutic truths of which we are the trustees—truths which we are responsible for making known. The opposition that physicians encountered thirty or forty years ago when endeavouring to practise homœopathically, when striving to induce their medical brethren to do likewise, when seeking to diffuse a knowledge of homœopathy amongst them through the ordinary professional channels for conveying medical instruction, when making provision for placing the advantages of homœopathy within the reach of the poor and more or less dependent classes of the community, may be less coarse, less bitter, less venomous now than it was then; but this opposition is in far too many instances not one jot less determined, less resolute, in trying to check the progress of homœopathy in any and every direction by dishonourable means to-day than it was of yore. We must remember that men will still, as the late Reverend Canon Liddon said in one of his ecclesiastical controversies, "take a line when acting for the institution or order to which they belonged, of which, if they were thinking only of themselves, they would be incapable."

To meet an opposition of this kind we require the

assistance of the public, an assistance which a public enlightened as to the value of homœopathy will never be slow to render. On the contrary, those who constitute the general public will assert their authority by compelling that fair play, that perfect freedom of action, that full enjoyment of the rights and privileges which appertain to us as members of the profession of medicine, rights and privileges of which non-homœopathic physicians still too often endeavour, by such means as are still within their power, to deprive us.

Hospitals and dispensaries, where homœopathy is taught and practised, cannot be supported, any more than they could have been called into existence, without the aid of the public. We cannot expect to look for such aid unless those who can provide it are made acquainted with the value of the method we desire to teach, and the practice of which we seek to give the poor the advantage.

Medicine exists and is practised exclusively for the public benefit, solely to promote the public weal. Hence it is that we look to the public to sustain us in our efforts to make homœopathy known and felt. But that the public should be ready and willing to sustain us in public work of this kind they must be enlightened as to the value of it. Hence it is a duty incumbent upon each and all of us to contribute to the extension of a knowledge of the value of homœopathy.

And yet again, in proportion as we know and are ready to testify to the importance of homœopathy as a therapeutic method, we are under especial obligations to inform the public of this importance by reason of the fact that there is, and long has been, a declared determination on the part of the majority of the members of the medical profession not to know anything about it, not to make any enquiry regarding it; and not only so, but there is an equally strong resolve to restrict, as far as possible, the conveyance of any information concerning it. When, in 1836, a paper expository of homœopathy was read at the London Medical Society by Mr. Kingdon, and the favourable results of their experience in testing it were related by Dr. Uwins and others, during the discussion that followed it was resolved, not that a committee of enquiry should be appointed to investigate it, but that the subject should never be mentioned again in that Society. The same resolution is in force to-day.

No paper on homœopathy could at this moment be read in any medical society except such as is distinctively homœopathic; no medical journal, not distinctively homœopathic, would publish such a paper, or advertise any book or lecture upon the principles or practice of homœopathy. The bulk of the medical profession is kept, as far as those who undertake to guide them can contrive to do so, in absolute darkness upon the subject. At the medical schools and hospitals it is never referred to in the presence of students, except by way of misrepresentation and travesty, while all are warned that their future success largely depends upon their ignoring it, and those who advocate it, with absolute rigidity. The majority of the profession having thus closed their ears to us, we are driven to the general public as the only medium through which we can influence our medical brethren. In conversation, in society, laymen can and, if properly instructed how to do so, will bring homœopathy under the notice of medical men; not a few have by this means been induced to make their earliest enquiries into its meaning and merits. To enable them to use such influence we must, in the *first* place, impress upon our friends the fact that the difference between the physician who builds his drug-therapeutics upon the foundation of homœopathy, and the one who repudiates this method, consists exclusively in the manner in which the former chooses his medicines, the way in which he studies them, the dose in which he prescribes them, and the simplicity of form in which he gives them. The principles of dietetics, those which dictate the therapeutic use of climate, which regulate clothing, hygiene, exercise, bathing and nursing—important elements in all therapeutic measures—are practically the same whatever may be the law or rule or theory which underlies the making of the prescription. The methods of operating, when a surgical operation is unavoidable, are the same, whether a surgeon selects his medicine on a homœopathic or some non-homœopathic basis. But between the treatment of the homœopathic and non-homœopathic surgeon after an operation there is a difference, and a very wide difference too—a difference which not uncommonly determines the success or failure of the operation. Again, it must be remembered that there are not a few cases where the advantages of

homœopathy enable a surgeon to cure with medicine alone a case, that, without this means, he would have been obliged to expose to the risk of an operation.

Secondly, it is incumbent upon us to explain, briefly and simply, what is the principle of drug selection which constitutes homœopathy, how a knowledge of it was acquired, how frequently it was unconsciously acted upon during the centuries that have gone, and how still more in our own day—since the publication of Dr. HUGHES' *Pharmacodynamics*—it has been practically utilised by physicians, who professedly repudiate it, such as Dr. SIDNEY RINGER, Dr. LAUDER BRUNTON, and Dr. MITCHELL BRUCE, in England; Dr. BARTHOLOW, Dr. H. C. WOOD, and Dr. AULDE in the United States of America. The mode in which a homœopathic physician studies the action of the drugs he prescribes, the reason why he only gives a comparatively small dose of a medicine, and the necessity for only using one medicine in each prescription, are matters which may with advantage be explained to persons of general education. There is nothing technical about any of these points, and it is quite possible so to set them forth as to admit of their being perfectly well understood, and the reasonableness of their being appreciated.

On the other hand, the variety of notions which prevails upon dilutions and no dilutions, dynamisation, the psora theory and so on, are not questions which can be advantageously discussed, except by those who have had a training and experience of a special kind. And moreover, however interesting they may be in themselves, they are wholly independent of homœopathy—though doubtless springing out of its study. They are, further, topics upon which we most of us *think* that we *know* a great deal more than we are capable of absolutely proving, and in all efforts to enlighten the public on homœopathy it is of first-rate importance that we should adhere closely to what we *know* to be, and can *demonstrate* to be true, avoiding everything which we merely *think* may be true. In all discussions upon homœopathy we cannot do better than follow the advice of an American physician and not try "to load down homœopathy with a lot of rubbish that belongs to it about as much as a barnacle does to a ship." Nothing could be more fatal to success

in urging the investigation of homœopathy or in endeavours to disarm prejudices against it than doing so.

Having, then, in our efforts to extend a knowledge of homœopathy, explained what it is, we must be prepared to answer the question, "What advantage is there in homœopathy?" We must be ready to adduce evidence showing that disease is more efficiently treated, more frequently cured by means of a homœopathically selected medicine than by one that bears no relation to homœopathy. Very frequently the first question that a physician or a patient will put is, "Why should I change my system of prescribing?" "Why should I not continue to accept and use the remedies I have hitherto accepted and used?" We must, consequently, be able to show that, as compared with traditional modes of prescribing, the homœopathic has been *proved* to have many distinct and well-attested advantages.

Professor Burdon-Sanderson, of Oxford, has well said that, "In judging of the value of a therapeutical method, the one and only criterion is success." We must, therefore, in the first place, show that homœopathy emerges from the application of such a test, however extensively or rigorously applied, victorious! Again, this mode of estimating homœopathy — the experimental—is that form of inquiry which, more than any other, carries conviction to the minds of men; it is that which, more than any other, is feared by the opponents of homœopathy. In a review of Dr. Sharp's *Tracts on Homœopathy*, published in *The Athenæum* for December 30th, 1854, we read: "The man who is inclined to investigate this folly already betrays unsoundness of mind, and we would warn him against experimentation on the subject, which will be almost sure to end in his adopting the delusion."

Every member of the medical profession who, on commencing practice and for years afterwards has habitually treated disease according to the teaching he had received at his university or medical school, and has subsequently adopted homœopathy, was in the first instance attracted to it by clinical inquiry. The late Professor Henderson's conversion, and indeed that of all others, was the result of clinical experiment. One such case is very striking. The late Dr. Horner, of Hull, was the President of the Provincial Medical and Surgical

Association when that body met in Hull in 1850. At the meeting at Brighton in 1851, he was created a Perpetual Vice-President. On that occasion he was one of a committee appointed to draw up a series of resolutions denouncing homœopathy, all those who practised homœopathy, and all who consulted with any one who did so. The consulting physicians of Hull at that day were in the habit of inviting the general practitioners of the town to their houses once a fortnight or once a month, when coffee was sipped and papers were read and discussed. After his return home from Brighton he found that these resolutions were much talked about by the medical men around him, and being asked to read a paper on homœopathy—of course it was understood that his arguments were to be directed against it—when next they met for coffee at his house, he, in a somewhat unguarded moment, consented to do so. When he sat down to the task of preparation the first thing that struck him was that he did not know in what homœopathy consisted; and the second, that before he began to write he must know something about it and understand somewhat of it. He accordingly repaired to the homœopathic chemist in Hull, and asked him to lend him some books. This, through the kindness of the late Dr. Atkin, subsequently one of the editors of the *British Journal of Homœopathy*, he was able to do to any extent. Reading was followed by clinical experiment, and clinical experiment prevented the presentation of the proposed paper. To his surprise, he found that that which, being entirely ignorant of, he had denounced as false and fraudulent in Brighton, when studied with the idea of proving it to be both, turned out to be a precious truth; that it was the resolutions, which he had taken a part in concocting, that were false and fraudulent, and not homœopathy. He had the courage to say so, and not only to admit that he had been in error, but to accept the consequence of making the admission, one of which was the destruction of the perpetual character of his vice-presidency!

The clinical test is the only means by which an estimate of the true value of homœopathy can be formed. Clinical inquiry is, to the general public, impossible, and being so, we must present the results of the clinical inquiry pursued by properly trained and instructed

physicians in a manner which will enable conclusions to be drawn from it.

The results of putting homœopathy to the clinical test we embody in statistics. Figures, we are not unfrequently told, may be made to prove anything. We doubt this; for we never yet saw any table of figures, any statistics which proved that the empirical methods of using drugs employed by our opponents were more successful than the scientific method of drug selection termed homœopathy. Again, "Experience" said the late Sir WILLIAM GULL, "experience in medicine is fallacious, because it is limited and imperfect—limited to a few observations gleaned in some narrow area, limited to some season or short period of time, limited by the prejudice, or interest, or incapacity of the observer, or by defects in his methods of examination; and imperfect through our ignorance of the natural course of events, which leads us to attribute results to some accidental interference on our part rather than to the essential course of things; imperfect also, because we are satisfied with that sort of experience, which affords satisfaction to ourselves, and supplies some ready explanation to those who are dependent upon us." This, too, is true, and strikingly true, of a large proportion of the therapeutic observations which find a place in medical journals which repudiate and ridicule the existence of a therapeutic guiding star. The experience which confirms the truth of homœopathy is not, however, "limited to a few observations," but has been accumulating for nearly one hundred years; it has not been "gleaned in some narrow area," but has been gathered from the Continent of Europe, the United States of America, Canada, Australia and other parts of the world. The statistical tables to which we attach the greatest importance have not, save only in epidemics, been "limited to some season or short period of time," but have extended in each instance over several years. The "capacity" of the observers has in all cases compared favourably—to say the least of it—with that of those with whose results ours have been contrasted. Thus, while Sir WILLIAM GULL'S strictures on the fallacious character of experience, as it is commonly recorded, have been fully justified, they do not in any way apply to that which is embodied in the statistical tables of homœopathic hospitals, or in those

of epidemics of disease, such as cholera or yellow fever, which have been treated homœopathically.

That our statistics may be reliable and capable of being compared with such as show the results of other modes of treatment, they must present the outcome of the work of competent observers, of men whose observations are thoroughly trustworthy and scrupulously honest: in order to avoid those constitutional differences which enable some patients to endure disease more easily than others, the numbers must be large; that they may be uninfluenced by local or social causes affecting the course of disease, the cases compared should be drawn from the same locality and from such as occurred at the same time, among people whose social position, habits of life and general surroundings have been similar. Evidence of this kind affords no scope for carping criticism, no justification for being described in the words of Dr. Bristowe as "mere tabulated assertions, evidence which no man possessing scientific caution would accept in such a case." Of statistics of this sort, we have already a considerable supply, worthy of attentive consideration. Such for example as the statistics of M. le Dr. Tessier, at Hôpital Beaujon, in Paris (*De la Médication*, &c., Baillière, Paris, 1852); those of M. le Dr. Liagre of Roubaix, given in his official report to the Administrators of the Public Hospital of the town (*Bulletin de la Soc. Médicale Hom. de France*); those derived from the New York Asylums for Orphans, and those, in the same city, for the reception of Foundlings (*North American Journal of Homœopathy*, May, 1858); as well as the reports of the three Melbourne Hospitals, the General, the Alfred, and the Homœopathic, of the comparative results of the treatment of typhoid during three epidemics (*Monthly Homœopathic Review*, vol. xxxiii., p. 440). Though wanting in one of the conditions—identity of time—one of the best illustrations of the comparative value of homœopathic and non-homœopathic treatment in disease and injury of every kind was published in *The Hahnemannian Monthly Journal* for 1884, in a paper by Dr. Everett, of Denver, Colorado, entitled *The History of Homœopathy in the Public Institutions of Arapahoe County, Colorado.* In the County Hospital, during the year ending March 31st, 1881, the medical officer's treatment was non-homœo-

pathic; the admissions numbered 711, the mortality was 12·8 per cent., and the expense of each patient was $5·25. On the first of April in that year, Dr. EVERETT, a homœopath, was appointed. During his term of office 926 patients were admitted and gave a mortality of 8·05. each patient costing $2.35. The following year Dr. EVERETT's predecessor was re-appointed. Again the mortality rose, and the expenses became doubled. At the end of his term, Dr. EVERETT superseded him, and once more the death rate became two-thirds lower than it had been during the previous year, and the expenses were again reduced by one half. In his report to the Commissioners, Dr. EVERETT said that those who had preceded him were among the ablest representatives of the old school in the city. His report, he contends, conveys no reflection upon their skill and ability, but shows "that it does not lie within the power of the allopathic systems of medicine to conduct a hospital as economically or with as great a saving of life, as it can be conducted under the homœopathic system of medicine."

Of all methods of spreading a knowledge and increasing the appreciation of homœopathy there is none equal to curing disease through its method. This renders it essential that every physician and surgeon who admits the pre-eminence of homœopathic therapeutics should be especially careful how he endeavours to put into practice that which he knows to be true.

There is a difference, and a wide difference too, between knowing that if a homœopathic remedy can be found, it will be the remedy from which a patient will derive most relief, and finding that remedy. Oftentimes the finding is attended with much trouble, much research, much expenditure of time. The *Repertory* is not an attractive book. The *Cyclopædia of Drug Pathogenesy* is not light or entertaining reading. But without frequently consulting the one and daily studying the other we cannot represent homœopathy as fully and as faithfully as we might, and, consequently, as we ought to do. It is by our personal efforts in curing disease that we may each do efficient service in enlightening the public upon homœopathy. Without a constant, habitual study of the records of the Materia Medica, we shall, when at a loss, be very much tempted to fall back

upon some antipathic palliative to give relief. We may, indeed, be compelled to do so at times—but, knowing that a homœopathically acting remedy represents the *best* that we can prescribe for a patient, our sense of duty to that patient should compel us to leave no stone unturned to find such a remedy before advising one that is antipathic, one that is merely palliative. It is the interest of the patient that we are bound to consider, not the interest of a school, a party or a system; but knowing that the homœopathic medicine is that which is best for him, we give him that if we can find it—and we must spare no pains in trying to find it—but he must not be allowed to suffer from either the imperfections of our resources or from our personal imperfections, and hence failure to find the homœopathic remedy not only justifies but necessitates the palliative, temporary though the relief it gives will assuredly prove. Careful prescribing ensures success, reduces the necessity for palliatives to a *minimum*, and does more than anything else to create confidence in homœopathy and to furnish missionaries to spread abroad a knowledge of its truth.

The venerable Sir Thomas Watson, when nearing the close of a long and distinguished career, described therapeutics as being "the supreme end of our profession.' And so it is. To enable us to apply our therapeutic resources accurately and with due discrimination is the object of every branch of medical study. We have adopted homœopathy as the basis of our therapeutics because we have found by experiment, by observations made at the bedside, that it enables us to use the medicines we have at our disposal to a greater degree of advantage to the sick and with greater success in curing disease than we can do on any other basis known in medicine. It is because we have experienced this degree of advantage, because we have been witnesses of this success, that we earnestly desire to make homœopathy known throughout the whole of the medical profession; it is for this reason, and this only, that we are endeavouring to hasten the arrival of the day—and come it will—when homœopathy shall be taught in every medical school throughout the world, when it shall constitute the foundation of the therapeutics of every hospital, of every practitioner of the arts of medicine and surgery engaged in ministering to the necessities of the sick and injured.

It is because we believe that the public, once fully enlightened on the subject of homœopathy, will materially further our efforts, that we seek to make its meaning and results known far and wide.

It is not a mere party triumph, still less is it the elevation of a so-called sect that we strive for; we have sought for truth, we have endeavoured to "search out the secrets of nature by experiment," and by so doing to acquire a knowledge of the truth in therapeutics; we have tested the results of our researches and the conclusions to which they have led us, and we are most firmly convinced that in homœopathy we have the most important and most widely reaching truth in therapeutics. Hence, and hence alone, is it that we desire to extend a knowledge of this therapeutic method as far as a well ordered propaganda is capable of extending it.

THE TRANSACTIONS OF THE CHICAGO CONGRESS, 1893.

THE "World's Congress of Homœopathic Physicians and Surgeons," held at Chicago in 1893 in connection with the Columbian Exposition, was duly chronicled at the time in this *Review*. Its *Transactions*, forming a portly volume of some 1,100 pages, are now before us; and they contain so many good things that we feel bound to impart to our readers some of the enjoyment we have derived from them.

But first we must express regret that so important a manifesto of our school should have been so carelessly edited. The typographical blunders which stud its pages are simply legion. It is natural that the Latin, German, and French words should suffer most: but it is sad to read well-known quotations as "procul est profani," and "palman que meruit ferat;" to find "chirurgini" for "chirurgia,"* "Zeitungun" for "Zeitung," "plizans" for "tisanes;" and to have to shudder at such solecisms as "per oris" and "per via naturales." We must also lament the appearance of "osteomala*ch*ia," "hyp*er*spadies," "descem*a*titis," and "par*a*sthesia" as the rendering of scientific terms; of "punata" for "puncta," "genus" for "genius epidemicus," and

* In another place the genitive of this word appears as "chirugæ."

"columnæ cardiæ" for "carneæ;" of "strettococcus," "cocyx," "occulo-motorius," "enciente" and "ane je ne sais quoi." The following title of a book is a monstrosity: "*Traite Mouveau de Chysterotomotakie;*" and in the translations from Dr. Jousset's French and Dr. Villers' German, "lessons" should be "lectures," "ligaments" "columns," "at the stem" "at the flood," and "bleak wall" "blank wall."

Proper names are next in order of suffering. "Chiron," the centaur, appears as "Charon," and Rome's second king as "Numa Pompelius," among the ancients; of the moderns Schenckius is "Schenekius," Naegele "Nagle," Baudelocque "Raudelogue," and Tait "Tate," while Descartes and Lancereaux lose their final letter. Our own men do not fare better. Rubini becomes "Ravenna," Berigny "Barigni," Liebold "Sebold," Meyhoffer "Meyerhofer," and Joslin "Jostein"; while Mr. Knox Shaw is in one place resolved into two gentlemen as "Knox, Shaw," and in another loses his identity altogether as "Nugshore." We read also of "Buc*k*ner," "Ban*a*rgee," "R*e*ckert," "Gr*e*y," "Rotha*u*sl," "Hawks"; and Dr. Allan Campbell is disguised under the name of "Chambers." Even our medicines are sometimes misnamed. "Eupatori*a*," "Antipyr*e*ne" and "Silic*i*a" are unknown in these forms to any Pharmacopœia; "Trifolium" can hardly be grammatically characterized as "Americano"; cobra is somewhat disguised as "cólera," and what "Upia" (p. 80) may be can only be inferred from a subsequent reference to "Eupi*a*n." After this, it is not surprising to read of "Morrell Mackenzie" and "Girard Smith"; but Indian gentlemen need not be called "Baleu" instead of the ordinary "Babu." Descending to common English, we note "formally" for "formerly," "innervation" for "enervation," "plain" for "plane surface," "radicals" for "radicles"; we are told, from Plato, that "God geom*a*trizes," and that there are "curative ear troubles"; while "corrollary," "auxillary," "commisural," "acoucheur" and "puerperul" are spellings which even Webster, we imagine, would refuse to sanction. In the discussion beginning at p. 698, perinæum is repeatedly substituted for peritonæum, with disastrous results to sense; and —worst of all—we read of "a fibroid which *laid* below the child," and "when traumatic influences arrest

circulation completely or *is* of such a character and extent," &c.

We have noted these errors not for the sake of fault-finding, but in jealousy for the honour of homœopathic literature. Many of them may be chargeable to stenographers and printers; but our hostile critics will not so charitably account of us, and will be disposed to put us down as a set of illiterates. We hope that greater care may be taken with subsequent volumes of Transactions, and turn now to the more welcome task of exhibiting some of the rich store of experience contained in the volume before us.

We are struck, first of all, by the remarkable cultivation of surgery among the homœopathists of America. Their acknowledged *coryphæus*, Dr. Helmuth, shows in an introductory address that here too *vixere fortes ante Agamemnona*, and that double ligation of the common carotid (with recovery), one of the earliest successful tracheotomies in croup performed in America, and the resection of four feet ten inches of the intestine, with equally happy results, were achievements of homœopathic surgeons before 1870. Now, under the leadership of the speaker, every kind of operative procedure is familiar to our representatives; and the days are gone when a surgeon of the old school could drag one of them from the sick-room, exclaiming that "it was damnable enough for little-pill doctors to be allowed to practise medicine, but they should not practise surgery."

The section in surgery of the present Congress had seven papers presented to it, besides the address of the chairman—Dr. Van Lennep—which is itself a valuable survey of recent advance in intestinal work. Ether or Chloroform, Surgical Shock, Thoracic Surgery, and the Treatment of Epilepsy, Idiocy, and Allied Disorders by Craniotomy, were the subjects treated of and discussed; and finally Dr. Pratt, of Chicago, gave an analysis of a thousand cases illustrative of the "orificial surgery" of which he is the virtual author and enthusiastic advocate.* On the first head, Dr. Packard concludes that ether is the safest anæsthetic for general use, but is best administered largely diluted with air—for which purpose he has invented a special apparatus.

* See p. 614 of this *Review* for 1891.

He is urgent that "surgical anæsthesia should be conducted by an expert." Dr. Gilchrist finds *bismuth*, from the 3rd dil. upwards, a valuable remedy for the post-anæsthetic vomiting. The papers on thoracic surgery by Drs. Biggar, Obetz and Knoll (since, we regret to say, deceased) show wonderful advance in its possibilities. Dr. Shears' report of his experience in brain surgery shows that "the operation of trephining causes no more risk than the amputation of a finger," and ought always to be considered in the treatment of epilepsy, intractable headache, paralysis, and presumably microcephalic idiocy.

The section in gynæcology presents really a supplementary series of papers to the above, as most of them are on the surgery of the pelvis. "The Relation of Surgery to Gynæcology," "Plastic Surgery of the Vagina," "Cæsarean Section," "Uterine Fibroids," "Vaginal Hysterectomy," "Removal of the entire Uterus and Appendages for Fibroids"—these titles of papers show the work that is being done in this department; for none are text-book articles, but all throbbing with life. It is a comfort to find that "Homœopathy in Gynæcology" is recognised, and that an address under this heading was well given and warmly received.

Ophthalmology and otology, rhinology and laryngology, and obstetrics—each of these had a section of its own, and contributed yet further surgical as well as medical material. The latter, however, is of course mainly to be found in the reports of the sections in materia medica, clinical medicine, mental and nervous diseases and pædology. It is impossible to give here even the titles of the papers read in these sections—84 in number, with two addresses; but all are more or less excellent. We are glad to see among the authors the names of Drs. Hughes, Clarke and Gerard Smith from this side of the water. A number of practical hints are given. Dr. H. C. Allen commends *sepia* to us for coughs in children coming on with every exposure to a snow-fall, and for local perspirations. Dr. Boocock gives us a new proving of *phytolacca*, and some further clinical experience with it. Dr. Buffum finds *jaborandi* of great value in simple torpor, and *agaricus* or *muscarine* in hyperæsthesia, of the retina. Dr. Linnell speaks highly of *senega* in hyperphoria, and Dr. Houghton of

plantago in otalgia and prosopalgia when of reflex origin from the teeth. Dr. Royal relates a case in which *trillium*, given persistently for a couple of years to control the menorrhagia of a fibroid, seems to have caused also the entire disappearance of the tumour. Our Indian colleague, Dr. Majumdar, gives some useful experience in cholera, and confirms the view that for the so-called cholera nostras *iris* is the prince of remedies. Dr. Jousset, who contributes a valuable essay on Bright's disease, has seen most benefit in interstitial nephritis from *iodine* given in its combination with *sodium*. Dr. Villers writes with much effect on locomotor ataxy, recommending *graphites* and *stannum* for the lightning pains, and *secale* for the formication. Dr. Williamson writes of puerperal insanity: "In our experience we have rarely been obliged to go beyond *bell.*, *hyosc.*, *stram.*, or *verat. vir.* in maniacal cases, and *acon.*, *cimic.*, *gels.*, *ign.* or *verat. alb.* in cases of melancholia." Dr. H. F. Ivins says that in epistaxis occurring in young persons he has found *bryonia* almost unfailing.

We might glean further from these well-filled pages, but the above must suffice. Our best thanks are due to the American Institute of Homœopathy for publishing, at its expense, the valuable book which has now passed under our notice.

THE EFFECTS OF HEAT AND COLD ON THE TEMPERATURE OF THE BODY.

By Percy Wilde, M.D.

Hippocrates considered that the study of the effects of heat and cold, and a knowledge of the application of baths, was one of the first duties of the physician. His own studies led him to the conclusion that the place of cold water in remedial treatment was to *raise* the temperature of the body, of hot water to diminish it.

This is not surprising, because Hippocrates also taught that the principle *similia similibus curantur* had a definite place in therapeutics. The present believers in this principle have apparently limited its application to those physical agents which can be purchased at a chemist's shop in a bottle.

The investigations which led me to discover that heat applied in such a manner as to cause a rise of the body

temperature, was the best remedy for the fever which has the greatest tendency to hyperpyrexia (rheumatic fever) excited alarm in the breast of the editor of the *Homœopathic World*, and he was careful to inform his readers that the results might be less favourable in other hands, and we "might not be obliged to give up our (*i.e.* homœopathic) remedies after all."

Even Dr. Hughes in the introduction to his *Pharmacodynamics* refers his readers to the ordinary text-books of Materia Medica for their information respecting the therapeutic effects of heat and cold. The general medical idea of the use of heat as a remedy is that it raises the temperature of the body. Of cold that it is an agent useful for lowering temperature. The greater the intensity of either (short of injury to the skin), the greater its therapeutic effect. This idea is anti-homœopathic, it is also a physiological fallacy.

A Homœopathic Congress was the last place where I expected to see an attempt made to prove this fallacy true.

Dr. Edward Madden from actual experiment at this meeting shows that dry hot air applied to a limited portion of the body, the arm in this case, is capable of raising the temperature of the patient. It has been proved by other experiments that such a result would not happen, and it is only fair to ask if there was no possible source of fallacy in this experiment.

In examining the effect of any local application of heat and cold it is obviously necessary to take also the temperature of the room in which the experiment is made. When not stated it is presumed to be 60 °F.

The temperature of this room was such that it would have been impossible for any person to have remained in it for 40 minutes and retained a normal temperature.

Dr. Madden noted that the man was "perspiring from every visible portion of the skin," but so was Dr. Madden and every other person in the room, which was not only over-heated and ill-ventilated, but was so charged with carbonic acid gas and water, the result of the combustion of the gas furnace used for the apparatus, that we had to abruptly close the proceedings because we could not support life longer under such conditions. I am willing to admit that it appears more *probable* that the hot air of the cylinder was more likely to raise the temperature of the body than the moist, hot atmosphere of the room.

It is more *probable* that the big dose of medicine will have a greater effect than the small one. It is because the homœopathic principle apparently involves a paradox that it is slow to find acceptance. The whole of the physiological facts which go to prove the truth of the homœopathic principle are those which are least expected, but which are none the less easily demonstrable. The difference between the effect of physical forces on inanimate matter and on vital tissues, is never fully realised in our ordinary habits of thought, and nothing is more capable of impressing it on the mind than the accurate study of heat and cold on the human body.

If a cylinder, such as was exhibited at the Congress, was made large enough to contain the whole body of the patient, instead of a single arm, and the patient being comfortably seated inside, a mutton chop was also introduced and then the heat of the cylinder raised until the mutton chop was cooked, it would be found that the tissues of the man remained uninjured, and that at the end of the experiment he would have been less exhausted than we were at the Congress meeting.

This is not a fanciful experiment, but one which formed the subject of public exhibition many years ago.

This experiment shows the difference between the effect of heat on dead tissue and on living tissue, and the extraordinary power possessed by the living body in regulating its own temperature in the presence of extreme heat.

But let us suppose that during this experiment someone emptied a bucket of cold water into the cylinder, the result would be that the temperature of the air inside the cylinder would be temporarily lowered, the cooking of the mutton chop would be delayed, *but* the temperature of the man would undergo such an enormous and rapid rise that the result would be probably fatal.

This apparently paradoxical result is due to the fact that while dry, hot air *facilitates the radiation of heat from the body, moist air checks it,* and offers an obstacle to the heat regulating mechanism of the body. Thus in reference to the effect of heat on living tissue, *moist, hot air* has more than double the heat producing power of *dry hot air.* In order to further investigate this point, we might put the man into a bath, the temperature of which was precisely that of his body at the time of the

experiment. We should find that in one hour his temperature had risen 1° C. This is obviously not due to the added heat of the water, but to the fact that water being a bad conductor of heat, had interfered with the natural conduction and radiation of heat, by which the temperature of the body is normally regulated.

We may gather from these experiments that when we wish to raise the temperature of the body by artificial means the first thing we have to do is to provide against the conduction and radiation of heat from its surface, and it is *only after this has been done that the degree of heat employed has any influence upon the result.*

To make quite sure upon this point, we might take a number of blankets, the temperature of which was only 60° F., and wrap them round the patient, in a room the temperature of which is 60° F. We should find that the temperature of the patient would steadily rise, and I may mention here that there is no drug in the pharmacopœia which will produce such a perfect simillimum of fever as an application of this kind.

The first thing which would occur to an amateur in the art of thermo-therapeutics, who wished to raise the temperature of a limb, would be to use the greatest amount of heat possible; he would select dry, hot air, because for some reason which he did not understand the tissue would bear dry air at a very high temperature without injury better than any other form of heat. He would not know that the reason why dry, hot air could be borne better than heat applied in any other way was because it *facilitated* the radiation of heat from the body, and therefore defeated the object in view. It would not occur to him that the limb exposed to this hot air was irrigated by blood vessels, which would conduct the heat away from the limb to other parts of the body as fast as it is applied, that in fact the operation resembled the pouring of water into a sieve. There are conditions of the body in which dry hot air will produce a rise of temperature. Thus if a person has a dry inactive skin, the skin itself will act as a medium for preventing the radiation of heat from the body, and as perspiration would be delayed a rise of temperature would occur.

It is the attention to detail and taking every condition of the patient into consideration, that renders it necessary for the practitioner who wishes to be able to produce

absolutely reliable results, to give a much larger share of his attention to these questions than usually happens. I have always strongly insisted upon the fact that in the application of heat and cold no special appliances are *essential* to the production of the effect required, and no appliance can take the place of technical knowledge on the part of the physician who prescribes and the attendant who administers the process.

In the treatment of fever it is always necessary to be quite sure that a reduction of temperature is the true therapeutic aim. Sub-acute rheumatism (without fever) may run on for weeks or months, while acute rheumatism will terminate naturally in a certain number of days or weeks. The difference between the two is the fever.

If we suppress the fever of acute rheumatism by means of salicylates we check the natural process by which the acid products are being destroyed, and we actually encourage heart complication, prolonged convalescence and relapse. In sub-acute rheumatism we can bring the case to a speedy conclusion by simply artificially raising the temperature of the body, and the same process will not only materially shorten the attack of rheumatic fever, but it is actually the most effectual method of preventing hyper-pyrexia. This apparent paradox is due to the fact that while the human body has a remarkable power of radiating heat, this power is interfered with in a large proportion of individuals, because the skin is not in a condition to exercise its functions.

The dose of aconite may be given and the moist skin does not appear nor the temperature abate. It is not always that the remedy has been wrongly chosen, but that the remedy cannot overcome the obstacles which the skin affords to the radiation of heat.

The first duty of the physician called to attend a case of fever is to see that the skin is in a condition of functional activity; upon this the life of the patient may depend. If he uses moist heat until the skin is freely perspiring he need have no fear of subsequent results. If the case is one of acute inflammation he will find that the effect is to produce a very marked fall of temperature, more persistent than that which follows the use of cold. If he finds that the rise of temperature caused by the process continues he will find on examining the perspira-

tion of the patient that it presents an acid reaction and the fever represents the destruction of these acid products to the great benefit of the patient. If at a latter visit the acid reaction has disappeared from the perspiration he may very safely predict a fall of temperature to normal within 12 hours, providing of course there is no local inflammation to maintain it.

If the temperature has fallen to normal, and the acid reaction remains, the physician may predict a retarded convalescence unless he falsifies his prediction by using means to artificially increase the temperature every day until a neutral reaction appears.

These observations do not apply, of course, to the continued fevers, such as typhoid, scarlatina, &c.

The use of cold baths to lower the temperature of the body belongs strictly to the antipyretic methods, that is to methods by which the temperature is *forced* down by exhaustion of the nerve centres.

The physiological action of cold is "to stimulate the production of heat," and it is for this purpose it finds its best use as a remedy. There is no medicinal agent which will take its place in the treatment of patients whose temperature is sub-normal, who are extremely sensitive to cold, and who "catch cold" on the slightest provocation. The method of application in such cases is to cover the patient with a blanket, and sponge a limited portion of the body at a time, and follow this with brisk friction. This is done to each part of the body in turn. The effect is usually to produce a rise of temperature of about 1° F.

In respect to the purely local application of heat, such as poultices, fomentations and compresses, very inexact ideas prevail as to duration and nature of their effects. A well-made linseed poultice placed on a patient whose temperature was 98.6° F., the patient covered with bedclothes, temperature of room 60° F., and the temperature taken between the skin and the poultice at intervals of 10 minutes gives the following results:—

10 minutes ...	108.6° F.	50 minutes ...	99.8° F.
20 „ ...	104.4° F.	60 „ ...	99.4° F.
30 „ ...	101.8° F.	70 „ ...	99° F.
40 „ ...	100.6° F.	80 „ ...	98.8° F.
120 minutes ...	98.4° F.		

To investigate whether the loss of heat from the poultice was by direct evaporation, or whether it was chiefly by conduction by the blood-vessels of the skin, I made experiments with various thicknesses of wool covering over the poultice. Practically such coverings limit the loss of heat very little, showing that the chief loss is by conduction of the blood-vessels.

The practical point here is that the duration of the effects of any hot substance applied to the skin depends upon the quantity of heat applied in the first instance—*i.e.*, the thickness of the poultice, or the thickness of the foment pad—not upon the amount of wool covering that may be placed over it.

In respect of the relative effects of "hot" and "cold" compresses, it is a curious fact that the temperature taken between the skin and the compress ten minutes after application shows a local diminution of temperature in both, and that of the hot compress (two folds of linen wrung out of water at 212° F.) is usually the lower. It takes about fifty minutes for both compresses to come to the normal temperature of the body, and longer if they are very moist. The rise of temperature then takes place and is maintained at about four-tenths of a degree, until they dry.

A hot fomentation (six thicknesses of flannel) or a thick poultice placed on the skin and allowed to remain for two hours will be found to be below the temperature of the body, while a *cold* compress, placed on the skin for the same period, will be slightly above the body temperature.

Before we can make use of the law of similars to guide us in the selection of heat and cold in the treatment of disease, it is necessary to study its actual effects produced by such agents on the heat regulating mechanism of the body.

When careful experiments take the place of suppositions based on probability, it will be found that the increase of dose of either heat or cold does not necessarily give an increased result. Thus when cold is used for the local abstraction of heat, as in the sitz bath, a more permanent reduction of temperature is obtainable by water at 90° F. than by water at 50° F.

THE SEARCH FOR THE SIMILLIMUM.

By R. E. Dudgeon, M.D.

As in King Arthur's days the Christian knight thought it was his devoir to go in quest of the Holy Grail, so now the zealous disciples of Hahnemann hold it to be their duty to try to discover the "simillimum," and various methods have been proposed to effect this desirable end, the last being that of Dr. George Black in the October number of this *Review*. Whether he has altogether succeeded in enabling us to put salt on the tail of this rather elusive bird, it is not for me to say. I am chiefly interested in his articles on account of his comments on a case I published nearly 40 years ago, which he thinks proves that I did not go the right way to work to discover the simillimum, and that though I eventually stumbled on it, I ought to have found it at first had I set about the discovery in the right way.

The case was given by me in order to illustrate my thesis that the application of the homœopathic rule to practice was not always such a mathematical certainty as had been claimed for it by some of the enthusiastic adherents of homœopathy. That, in fact, our Materia Medica in many cases gave us only vague hints, which renders the practice in many cases little better than guess-work. Under these circumstances the shrewdest guesser would be the best practitioner, but even with the shrewdest there might be several erroneous guesses before the right one was made. I stated, also, that clinical experience was often of much use in enabling us to fix upon the true remedy.

The case which Dr. Black criticises, was one of dacryocystitis, or inflammation of the lachrymal sac, which at first seemed to be one of simple conjunctivitis, the lachrymal sac being involved in the inflammation. I first prescribed *mercurius*. This Dr. Black thinks was quite wrong. "The only pathogenetic symptoms," he says, "bearing any resemblance to the condition of eye present in this case, are 'eyes inflamed,' 'chronic conjunctivitis, with a fine, rosy red injection around the cornea.'" Now it is evident that Dr. Black does not get his symptoms of *mercurius* from Hahnemann's *Materia Medica Pura*, which says nothing about "chronic conjunctivitis," but which presents an array of pathogenetic

effects from Symptom 119 to Symptom 146, which includes every symptom I then observed in my patient even to "inflammatory swelling in the region of the lachrymal bone" (S. 146). Dr. Black says, the recorded symptoms of *atropine*, *natrum carbonicum* and *silica* "corresponded more closely with this patient's condition than the *merc.* which was prescribed." As regards *atropine* the symptom he mentions was not published until 1873, just 18 years after my case was recorded, so I can hardly be blamed for not having availed myself of it, for Dr. Black flatters me too much in crediting me with the power of foreseeing what effect a medicine would have so many years before it was tested. Dr. Black gives my reasons for ruling *natrum carbonicum* out of my consideration. Remains, therefore, *silica*. Now let me compare the eye symptoms of my case, when first examined, with those of *mercurius* and *silica* appertaining to the same part.

Case.	*Mercurius.*	*Silica.*
Burning pains.	Burning (119, 121, 122, 124).	Burning (153).
Flow of scalding tears.	Lachrymation (125–130).	Lachrymation (164, 166, 167).
Conjunctiva injected.	Redness, inflammation (123, 124).	Redness, inflammation (163, 164).
Mucous secretion.	Mucus causing agglutination (133).	Mucus and agglutination (168–171).
Painful swelling of lachrymal sac.	Inflammatory swelling in region of lachrymal bone (146).	Swelling in the region of the right lachrymal gland and sac (172).

The numbers are those of the symptoms in the *M. M. P.* and *Chr. Dis.*

The choice of the simillimum it is evident must be determined by the interpretation one puts on the symptoms relating to the lachrymal sac of *mercurius* and *silica* respectively. "Inflammatory swelling in the region of the lachrymal bone" must refer to the lachrymal sac, as that is the only organ that occupies the groove of the lachrymal bone. My case was evidently inflammatory swelling of the lachrymal sac. The corresponding symptoms of *silica* indicate swelling of lachrymal gland and sac. My case had no swelling of lachrymal gland, and the swelling of the sac was painful and inflammatory,

which that of *silica* was not stated to be. Therefore as between the two medicines *mercurius* was the simillimum, and yet it was useless. *Silica* with its "vague hint" proved to be the true remedy. I do not think that many will endorse Dr. Black's opinion "that this case, so far from disproving the mathematical certainty of homœopathy, only shows that Dr. Dudgeon forgot that the totality of the symptoms constitutes the true picture of disease and the best guide in treatment."

I believe Dr. Black would have refrained from his animadversions on my treatment of this case if he had only been a little more careful in consulting his pathogenetic authorities. He has evidently taken his symptoms of *mercurius* from Allen's *Encyclopædia, sub voce* "Mercurius," in place of from Hahnemann's pathogenesis of *mercurius* in the 2nd vol. of the English translation of the *Materia Medica Pura*. Allen gives Hahnemann's *mercurius* under the title "mercurius solubilis," but curiously enough he omits the symptom relating to the lachrymal sac. Again, Dr. Black gives two versions of the eye symptoms of *silica*. The first is from Hahnemann's *Chronic Diseases*, with the exception of two symptoms, "piercing, stinging pain in the left eye" and "sudden piercing pain in the left eye," which are not in Hahnemann's pathogenesis, and I do not know where Dr. Black has got them. At all events, they have no bearing on the case. The second version Dr. Black gives contains this symptom: "swelling of the lachrymal caruncle and swelling of the right lachrymal sac, with aggravation in the afternoon." This symptom is not in Hahnemann, nor in Allen nor in the *Cyclopædia of Drug Pathogenesy*. Perhaps Dr. Black will kindly inform us where he got it, but I fear it would not help him "very especially" in his censure of my practice. He had much better have gone to my old friend Constantine Hering's *Condensed Materia Medica*, where he would have found among the symptoms ascribed to *silica*: "swelling of right lachrymal sac, skin over it inflamed, glistening; throbbing pain; tears hot; worse evening." There is a simillimum of my case with a vengeance! To be sure the *Condensed Materia Medica* was only published twenty years after my case was treated, but that would not matter to Dr. Black, as he thinks I ought to have thought of *atropine*, which had not yet been

proved, in connection with my case. It does not require much perspicacity to see that the above array of symptoms of *silica* from Hering is merely my case presented to his readers in a condensed form, and I find in this work several others of my recorded cases thus utilised. Evidently Hering held, with me, that clinical experience, *usus in morbis*, is of great use in directing us to the right remedy when the records of provings fail to furnish us with data precise enough to determine our choice of the appropriate remedy.

Dr. Black furnishes us with some cases illustrating his successful selection of the simillimum. The first is a case of convulsions in a little girl under 2 years of age, probably in connection with dentition. The first medicine given was *belladonna* 3 every two hours. As she was not better next day, though there is no mention of recurrence of fits, *chamomilla* 30 was given, and four days later she was well. In this case *chamomilla* was, Dr. Black says, the simillimum. To me it appears that *belladonna* better deserved that epithet, and that it is quite probable that the frequent doses of *bell.* 3 had more to do with the cure than *cham.* 30. However, taking Dr. Black's view that *cham.* was the curative agent, then it was not the simillimum but the less similar medicine that cured.

Dr. Black's next case is an ordinary *aconite* case, not remarkable as an illustration of the selection of the simillimum, but where the remedy seems to have been chosen on account of its established antifebrile character.

The third case is one of emaciation and constant vomiting, probably owing to improper food. The change from Allen & Hanburys' Malted Food, which disagreed, to milk and barley water which agreed, had probably much more to do with the child's recovery than the one drop of *nux vom.* 200 and the subsequent *calc. c.* 3.

The fourth case presented no symptoms that could not be paralleled by 50 other medicines as well as by *sulphur* and *belladonna*, and the same remark is applicable to the last case, to which *acid. phosph.* does not appear to be more of a simile than many other medicines.

The idea of a "simillimum" is, of course, that the symptoms of one particular drug should resemble those of the disease more closely than those of any other drug, but in Dr. Black's own cases "simillimum" only means

the drug that cured, or was supposed to have cured, though its symptoms did not show any greater similarity to the disease than did those of several or of many other proved medicines. But in criticising my case he exacts a more perfect similarity between drug and disease symptoms than he displays in his own cases. I have shown, I think conclusively, that in selecting *mercurius* in preference to *silica* at first, I gave the medicine which corresponded most perfectly to the symptoms of the disease, the simillimum in fact, and yet it failed to cure, whereas the less similar medicine, *silica*, proved to be the successful drug.

I have no objection to any of my cases, even those published as long as 40 or even 50 years ago, being subjected to intelligent criticism, and I shall be quite ready to acknowledge error of judgment when it can be proved, for *humanum est errare*, and no doubt I have made mistakes as better men have done. The charge brought against me is neglect of "the totality of the symptoms as the best guide in treatment," and it is attempted to be proved by a case which so far from proving any neglect on that score only proves that the administration of the medicine best indicated by totality of symptoms, the simillimum (in this case *mercurius*) is not always successful, and that the true remedy (in this case *silica*) may offer in its pathogenesy only a minor degree of correspondence with the disease. My selection, when the apparent simillimum failed, of *arsenicum aconite* and *silica* was more influenced by general therapeutic principles than by exact correspondence of symptoms. *Arsenicum* and *aconite* for their well-known power to cause inflammation of the mucous membranes of the eye; *silica*—when the inflammation was apparently going on to suppuration—for its reputed influence on the suppurative process.

I am not greatly enamoured of the practice of criticising the cases recorded by my colleagues, and should have left Dr. Black's cases unnoticed had he not brought these forward as illustrations of his own strict attention to the totality of the symptoms as the best guide in treatment, in contrast with my alleged forgetfulness of that essential of homœopathic practice.

CLINICAL NOTES.

By T. E. Purdom, M.D.

The subjoined notes are rough and partly from memory, just as samples of every day work at the bedside and as illustrating the action of one or two of our well-known medicines.

Pleurisy.

S. P., æt 18, an overgrown lad just beginning work in London. Exposure to draughts (and partly he thinks the use of the blow pipe at chemistry) brought on severe rigor. He went home complaining of a sharp pain in left side, and that night he was very feverish and restless and was both sick and purged. His mother gave him *aconite* 1x.

Sept. 21st, 11 a.m. At my first visit I found him in the following condition: Pulse 120, temp. 103°, respiration 28, face flushed and perspiring; tongue coated with a thick white fur. Sickness has ceased; still some diarrhœa. Sharp pain in left side in front and below nipple. Friction sound heard. No dulness nor crepitation.

Treatment.—Large mustard poultice to side; *acon.* ϕ ½; *bry. alb.* ϕ i., alternately every hour. Liquid diet.

8 p.m., second visit same day. Temp. 102°, P 108, resp. 24-28 regular; pain relieved, but still present. Friction heard; no crepitation.

Sept. 22nd, third day of illness, 11 a.m. P. 104, Temp. 102°. Slept fairly well. Very little pain and none above nipple. Friction still heard anteriorly. Posteriorly there is a dull patch at base of lung, extending up two or three inches. Friction is heard at its upper margin. He has a dry cough. Bowels still slightly relaxed. Continue medicine.

9 p.m., second visit. P. 84, resp. 20, Temp. 99°. Feels much better. Continue medicine at longer intervals.

Sept. 23rd, morning, fourth day. P. 68, resp. 20, temp. 98·6°. Tongue cleaning. Still friction sound and narrow strip of dulness at left base. Inflammatory action stopped. Slight serous effusion. ℞ *sulphur.*

Sept. 25th. Dulness almost gone. Very little cough. Tongue clean. Temp. normal; P. 68.

Sept. 27th. Hardly a trace of the inflammation. Cough gone.

It is highly satisfactory to see a sharp attack of pleurisy practically ended in two days, and all trace of it gone in a week. *Acon.*, *bry.*, and *sulphur* were the medicines prescribed.

Speaking of pleurisy, reminds me of an attack my own girl had in Scotland several years ago. *Bryonia* was given from the medicine case. The local doctor called in was so struck with its action, that he began to use it in pleurisy and has used it ever since. He told me that he gave 8 or 10 drops of the tincture; and that he had read a paper on the value of *bryonia* in pleurisy at the Carlisle Branch of the British Medical Association.

Pleuro-pneumonia—Empyæma.

This case illustrates a bad form of pleurisy, with pneumonic symptoms in a debilitated patient.

The physical signs were perplexing enough to deceive a London specialist as well as myself. The consultant said it was a clear case of pneumonia, and that the fever would gradually go down. I pointed out the purulent expectoration as being peculiar, and suggested abscess of lung complicating pneumonia. However, this was not the explanation. An empyæma had burst into one of the bronchial tubes, and was doing its best to discharge its contents upwards by the cough. The whole case was at once altered for the better, by an exploratory needle puncture finding pus, and then an incision and a drainage tube. This lady made a perfect recovery, the compressed lung expanding to about its normal.

This case shows the importance of getting at the exact pathological condition, as guiding not so much to the right medicines but to the surgical treatment.

An exploratory needle puncture in doubtful cases will no doubt be the right treatment, specially if symptoms are at all urgent.

No doubt *hep. sulph.*, *silicea* and other medicines were useful in the above case, but the operation was a *sine quâ non*.

Early paracentisis—once pus is made out—becomes important.

Asthma.

Mrs. T., æt. 38, presented a striking picture of asthma, Great general distress, orthopnœa. Pulse quick; tongue red, clean. No fever. Head aching. Wheezing respira-

tion. Some dry cough. No phlegm. At first visit I gave her *acon.* ϕ ½ and *ars. alb.* 3x gtt ii. alternately every half-hour. Bronchitis kettle was started, also hot steam inhalations with ʒj. of ipecacuanha wine to a pint of boiling water and a little vinegar added. Large poultice.

Second visit same day, 5 p.m. Mrs. T. is much better. Had some sleep. Continue medicine at longer intervals.

The next day I found the pulse quiet. Headache relieved. Respiration much better. Phlegm forming. Still some dyspnœa. *Ars.* 3x, gtt. ii., *ant. tart.* 2x gr. i.

Third day of illness, much better in every way. *Acon. ipec. ars.* and *ant. tart.* sufficed to carry this patient quickly through her attacks.

In a recent attack, where tightness was a very prominent symptom, coupled with pain across the back of chest, *bryonia* ϕ ♏½, several doses, acted like a charm.

In similar cases to the above I can confirm the value of *iodide of potassium* in doses of 3 to 6 grains, alone or with small doses of *liquor arsenicalis*, as advised by Drs. Nicholson and Cash in a recent number of the *Review*.

Patients are very glad to leave it off as soon as the spasm is relieved, as it decidedly weakens them. The evidence is pretty strong as to its homœopathic relation to dyspnœa at least. We may get all the good from smaller doses and thus avoid all the medicinal debility.

A steady course of *nux. vom.* ϕ before, and *liquor arsenicalis* after meals is a good prescription after asthmatic attacks and helps to ward off future ones.

Heart Disease; Dropsy.

This is a severe case of mitral incompetency, with orthopnœa; heart's action very irregular. At first interview I found the patient sitting propped up in chair, waterlogged with dropsy, lungs congested, panting for breath, and given up to die. He was unable to swallow the medicine the local practitioner was giving.

Digitalis in 5 and then 10 drop doses, alone and with a very little chloric ether—aided by occasional doses of 3 or 5 grains of *mercurius dulcis* 1x to free the liver and bowels, wrought wonders. He was able to go to bed and lie down in two or three days. The dropsy steadily gave way.

This gentleman has been at death's door in a similar way three or four times with congested lungs and kid-

neys. The same line of treatment has each time succeeded in pulling him round.

Once when he was lying helpless, semi-conscious, and very dropsical, *digitalis* failed to help, and then *caffein citrate* in 3 grain doses alternately with *strophanthus* in five drop doses acted very rapidly. The heart once more rallied, the dropsy gave way, and since that time he has been able to travel and attend to his business.

He is now again rallying from a similar attack, showing what can be done in a case of hopeless and exaggerated organic disease by rest and treatment.

This patient is most excitable and quite wild at nights during the worst of his illness; so much so, that I have found it necessary to give some form of *opium*, after trying *belladonna*, *hyoscyamus*, &c. Battley's *liquor opii* 5 drops, with a few drops of spirit of ether, has answered well. The strong *digitalis* may well interfere with the finer action of *belladonna*, &c.

In such cases, as Dr. Hughes points out, *digitalis* has to be given in substantial doses.

As soon as the heart gets steadied, the brain quiets down, and then sleep comes naturally. It is necessary to change the heart medicine every now and again in such cases.

The advantage gained here over the previous treatment was the inspiring of some hope, the simpler medicine, which could be swallowed easily, the gentler action of *merc. dulcis* 1x without any purgation or exhaustion.

NOTE ON THREE NEW DOUBLE SALTS OF GOLD AND POTASSIUM: WITH REMARKS ON THEIR PROVINGS.

By George Burford, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

I have repeatedly wondered why sodium was chosen as the gold co-efficient in the double salt of gold and sodium, while potassium, its more active congener, and of wide therapeutic activity, was ignored. I obtained the opinion of an analytical chemist to the effect that double salts of potassium and gold were possible salts; and a new salt, the double chloride of potassium and gold, was specially prepared for me. I have used this in private and in my

clinics at the London Homœopathic Hospital, and I am satisfied that in this combination we have a new therapeutic means likely to prove both ample and specific in its application.

Recent investigations in which I have been engaged point clearly to the fact that potassium salts, especially the bromide, exert a specific influence on the nutrition of the uterus. The potassium compounds do not manifest this control in an equal degree; the bromide, chlorate, and carbonate rank highest in this quality; to these may possibly be added the chloride, a little used salt, but exhibiting the potassium characteristics peculiarly well.

To Dr. Hawkes, of Liverpool, I owe it that my attention was directed to the fact that gold will cause absorption of the pelvic exudation so often seen in puerperal and other lesions. The specific action of gold on new hyperplasias of connective tissue of the uterus is well known, and it occurred to me that in a chemical combination of potassium and gold we were likely to have a drug more completely corresponding to the tissue changes in sub-involution and its co-related lesions, than in either gold or potassium separately. It was with the purpose of testing this conception that I had the new double salt Au Cl_3 K Cl first prepared. I have not been able to come across any provings of potassium chloride. This is somewhat remarkable in that this salt is physiologically one of the most active of the potassium compounds.

A similar combination of the remaining most frequently used halogen potassium salts with gold further suggested itself. Between the therapeutics of iodide of potassium and gold there exists in some respects so striking a similarity as to suggest an especial fitness in their union in a new salt, the double iodide of potassium gold (Au I_3, K I). Especially in the late specific lesions, as well as in neoplasms, both benign and malignant, this remedy may find some useful vogue. Of the remaining member of the new series, the double bromide of potassium and gold (Au Br_3, K Br.) I can at present say nothing definitely. But I expect that in this salt we shall find a valuable addition to our uterine remedies, and to a greater degree than in either of its isomeric congeners.

Now to remove these drugs from the low plane of merely unproved use, I have made arrangements for

their proving, with the loyal and ready co-operation of six or seven well-known members of the British Homœopathic Society. To these I can add a lady, who has enthusiastically undertaken her share of the task, and I hope to add the name of another lady to my list of provers before January. The ready response with which my suggestions were met indicates a conviction in other minds than my own that provings and re-provings are conterminous with the progress of scientific homœopathy.

I expect to be able to show these new salts at an early meeting of the British Homœopathic Society. Our attention has been repeatedly called of late to the desirability of provings being much more than mere records of subjective sensations. I shall endeavour, as far as is practicable, to discover the underlying morbid processes during these provings, instead of trusting merely or mainly to subjective phenomena.

PROVINGS BY EXTERNAL APPLICATIONS.

By Geo. Herring, L.F.P.S., Glasg.

In continuation of the remarks made in the June number of the *Review*, I have to add a few more to the same purpose.

A Proving of Nux Vomica by External Application.

I poured a few drops of *nux vom.* ϕ into one hand and rubbed into the palms of both; about an hour afterwards experienced a slight relaxation of the bowels, painless in character. No other symptom sufficiently pronounced to be worth recording.

On the following morning I repeated the same. This had no effect until evening, and then it acted as an aperient, almost without pain. Shortly after had an uncomfortable sense of *nausea*, which threatened to terminate in *vomiting*, but after taking a light supper this passed off.

On the following day felt drowsy and disinclined to read. On the succeeding night woke up about two or three o'clock with an excited condition of the brain, and after having had unpleasant dreams—dreadful battles had been going on in the clouds amongst the inhabitants of the world above, Lucifer and his army being in the

field. After this the excitement gradually abated, and no other symptom supervened.

Such were the pathogenetic effects of a few drops of *nux vomica* rubbed on the hands. But these effects were not the only ones, for I happily experienced a remediable one, a chronic pain in the back (lumbago) disappearing.

In connection with this proving I noticed, as no doubt all provers have noticed, a *succession of symptoms*. The symptoms produced do not all occur at the same time; they succeed each other. In my own case there was first the effect upon the intestinal canal; then came the cerebral symptoms.

How shall we account for this? It must be that one part of the body, or certain tissues of the body, or certain nerves of the body, are more susceptible than others. Not always the same in every individual, but varying according to idiosyncrasy. Moreover, with different medicines, no doubt the succession of symptoms would vary, even in the same person. Here we have an endless study for future provers.

It seems hardly necessary to give any further case to prove the certainty that external applications have the same effect as medicines when given in the ordinary way. However, I will mention one which appears to have a special interest. A *belladonna* compress had been used for the breast of a lady recently confined. On the second or third day the brain became somewhat excited, and there was severe neuralgia in and around the right eye. On leaving off the compress this disappeared. It is true that a few doses of *actea* were given, but as *actea* is mostly a left-sided remedy, I think the disappearance of the neuralgia was really due to leaving off the *belladonna* compress.

Now, if these external applications may be so successfully used for pathogenetic purposes, they may just as certainly be used for remedial purposes, and probably the practice will some day become more general than at present. Thus used, the same attenuations may be employed as when given internally. As to the particular part where they should be applied, this is evidently immaterial; but we must be guided by discretion, for we have sometimes to humour prejudices. To prescribe for lumbago, for instance, by an application of *nux vomica*

to the hands, might lead our patient to suspect us of mysticism. We must, therefore, order its application to the back, where the pain is felt, and so our credit for common sense and orthodox practice will remain unimpaired.

REVIEWS.

Homœopathy: All about it; or the Principle of Cure. By J. H. Clarke, M.D., Physician to the London Homœopathic Hospital. London: The Homœopathic Publishing Company. 1894.

This little book very fairly carries out the promise of its title page, explaining in clear and simple language what is understood as homœopathy by those who know all about it.

In his preface, Dr. Clarke very justly protests against the notion "that now that homœopathy has taught the profession to dispense with bleeding and other deadly abominations, there is very little difference between the practice of the two schools." The difference between modern non-homœopathic therapeutics and the methods of treatment pursued by our professional forefathers consists in the means employed, not in the principles which actuate their employment. It is true, that a patient's life-blood is no longer drawn from him to reduce an inflammation; but, on the other hand, his nerve power is exhausted by the antipyrine, antifebrine, and so on with which it is sought to "knock down temperature," by the repeated hypodermic injections of morphia administered to prevent the sensation of pain, by the hypnotics, prepared in the laboratories of ingenious chemists, given to procure an obliviousness which is miscalled "sleep." That an immense amount of mischief is still effected through the powerful, albeit small and easily taken preparations of the pharmaceutical laboratory, is but too certain. The pharmacy of to-day is, indeed, different from that of thirty years ago, but the ordinary practice of therapeutics through the measures it supplies, still oftentimes involves risk to life and health. Only a few weeks ago, being in a chemist's shop and seeing a large supply of capsules containing phenacetin on the counter, we remarked on the change which had come over pharmacy within the last thirty years. "Yes," was the reply, "there is no need for a *Pharmacopœia* nowadays. All you want is a Burroughs and Wellcome's price-list; a *Materia Medica* is about as useless, as all the doctor requires is a series of advertising pamphlets stating what this cures and that relieves." This, indeed, is the way in which "scientific medicine," and "rational therapeutics," as these terms

are understood by the greater proportion of physicians and general practitioners, are practised to-day. Measures differ from those of 1830, but the results are much the same.

At page 19 Dr. Clarke says: "The year 1810 may be said to be the birth year of homœopathy, for in that year appeared the first edition of the *Organon*." This we think is an error of some importance. Homœopathy was first taught by Hahnemann, as the result of his previous six years' research and experiments, in Hufeland's *Journal* in 1796, in his article *Suggestions for Ascertaining the Curative Power of Drugs*. In this paper, the principle of homœopathy is distinctly defined, the method of ascertaining the action of drugs clearly set forth and illustrated by frequent references to the author's experience. The *Organon* was not the first announcement of homœopathy, but the outcome of putting homœopathy into practice for fourteen years; it represents not merely homœopathy but what Hahnemann regarded as the best method of applying it clinically. Hahnemann was as clearly a teacher of homœopathy in 1796 as he was in 1810. Moreover, it was this essay which produced the first attack on homœopathy—that by Hecker in the *Journal der Erfindungen* (Ameke's *History of Homœopathy*, p. 172).

Dr. Clarke is, we think, scarcely fair when he says that diseases "are now looked upon as consisting principally of microbes to be killed." Diseases are rather regarded as the product of microbes; prevent these from getting access to the body, or, on their having eluded your grasp and entered the system, destroy them, if you can, without destroying your patient at the same time, is the teaching of the bacteriologist; and the success he has met with in typhoid fever, and more recently in diphtheria, by proceeding on these lines, gives him a claim to the therapeutist's consideration and impartial attention.

In the chapter on *The Infinitesimal Dose* our author writes: "It is highly probably that but for the question of the infinitesimal dose, homœopathy would have been recognised by the profession at large long ago." This, we fear, is but too true. That infinitesimal doses do act when given homœopathically, no one who has persistently so used them would deny. The error of some homœopathists has consisted in placing them upon the same level of importance as the principle. From a wineglassful of "house-mixture," to a few globules of *nux vomica* 30, was a wrench that few of the surgeon-apothecaries of 1830 could bear. The three or four grain doses of powdered *nux vomica*, which Hahnemann used prior to 1800, would have been more readily tried; and though, doubtless, instances of aggravation would have been met with, still, it is a question

whether the profession has not been scared from a large amount of therapeutic power by some advocates of homœopathy insisting on high dilutions, as being in all cases essential to obtain the full advantage of a homœopathically-selected medicine. Most homœopathic physicians believe that their experience has proved to them that infinitesimals are necessary in certain cases; but even now it would not be easy to secure a reliable statement of the conditions under which they become essential.

The therapeutic power of infinitesimal doses of medicine homœopathically administered is a great and deeply interesting fact, but practical medicine has, we fear, paid dearly for the knowledge that it is so.

We have much pleasure in commending Dr. Clarke's little book as a missionary work.

A Text Book of Gynecology. By JAMES C. WOOD, A.M., M.D. With 210 Illustrations. Pp. 858. Philadelphia: Bœricke and Tafel. 1894. London Agents: E. Gould and Son.

PROFESSOR WOOD'S treatise is at once sign and product of the healthy self-sufficiency of Homœopathy in America, and connotes a virile independence of conjoint tuition to which the European Homœopathic Institutions would do well to attain. While the practice of the latter is to amiably graft a scientific therapeutics on a parent stock of allopathic training, our American *confrères* will accept no such position, but provide a full-orbed curriculum for students, inclusive of all branches of medical and surgical study. This, then, is the genius of the text-book before us; and accordingly it contains much more than is purely germane to our therapeutic dogma. The factors which determine gynæcological lesions, the regional anatomy of the parts, the general and special pathology of pelvic troubles, the methods of physical examination, the differential diagnosis of specified diseased conditions, and a fully elaborated operative *technique*, are necessarily superadded to purely therapeutic considerations, albeit these bulk largely in this volume. It is the completeness of the scheme, no less than the adequate handling of the detail, which entitles this work to rank high in recent gynæcological literature.

Naturally the homœopathic therapeutics interest us most, and here Prof. Wood has done these resources full justice, with not the least tendency to prolixity. The specific phenomena calling for each cited drug are given with commendable brevity, and no attempt is made to press every remedy into service for every lesion. And a number of

authenticated cases, illustrative of drug action, are interspersed throughout the book, giving concrete form to the abstract prescriptions.

The chapter on uterine bleeding is a fair sample of the author's work. After noting, *inter alia*, that genital hæmorrhage does not always proceed from the uterus, and that rectal or urethral bleeding may be erroneously surmised as uterine by the patient, the usual causes of uterine hæmorrhage are categorically given, and considered in detail. Plumbism is cited in an interesting paragraph, although hydatidiform degeneration of the chorion is omitted from the list, and scarcely sufficient emphasis is laid upon the absolute necessity for local examination in every case where hæmorrhage recurs after the menopause. We are entirely in accord with the author when he writes that "the practice of relying absolutely upon subjective symptoms and the indicated remedy, when the loss of blood is at all persistent, is not only reprehensible, but should be actionable as well." The accessory, operative, and therapeutic measures are fully described: and with this chapter in his head, the cases of uterine bleeding are rare indeed which cannot be adequately met by the practitioner.

Perhaps next to uterine hæmorrhage ranks dysmenorrhœa in tasking the resources of the practitioner. Professor Wood closely follows the well-known division of Thomas and other authors into congestive, ovarian, obstructive, &c. We think the author is scarcely at his best in dealing with this often obstinate trouble; for, in proportion to its frequency and acuteness, both therapeutic and operative resources seem all too limited. It is only just to remark that the remedial indications are set forth at some length, and careful discrimination is made between the treatment at the time and during the interval; but remedies, as usually prescribed, often fail, and divulsion, though often excellent in its results, acts in a manner of which we hitherto are totally ignorant. He who will show, with clearness and precision, how to meet this commonest of menstrual troubles successfully by non-operative measures, will earn and gain the grateful thanks of all womankind.

The operative sections in the volume are particularly well done, and may be read and re-read with advantage. The details in both major and minor work are presented with the clearness and precision of an operator thoroughly accustomed to the procedures he describes. We note, *passim*, a curious misprint in a paragraph quoted from Greig Smith, concerning the quantity of acid needed in the preparation of sponges. The quantity should be *four* ounces,

not one. And in the ensuing paragraph the reader would infer that Borham's method is still under consideration, and that the soda alluded to is hyposulphite; whereas the author has gone on to Tait's method, and the alkali he uses is a carbonate.

Taken generally, the work is singularly free from errata. The most striking feature in the volume is the originality and multiplicity of the diagrams. Where these are taken from nature, their excellence is beyond criticism. The whole book is a more creditable specimen of typography than sometimes comes to us from across the water, and in general arrangement leaves little to be desired. We heartily wish Professor Wood that second edition which the excellence of the work fully deserves.

Myxœdema, Cretinism, and the Goîtres, with some of their relations. By E. Blake, M.D. Bristol: Jno. Wright and Co.; London: Simpkin, Marshall & Co. 1894.

This is a book where theory and experience, fact and suggestion are so blended that it is by no means easy to follow the arguments by which the hypotheses are fitted to the facts.

Dr. Blake's main hypotheses are set forth in the preface, but it is impossible to say that the book makes very clear the process by which he arrives at them.

Thus, to prove his hypothesis that Graves' disease in women is an autotoxis caused most frequently by absorption of purulent products, and resulting in neuritis of the medulla and adjacent structures, we have the following:

1. Result of six *post mortem* examinations by Dr. Greenfield, showing typical changes of toxic neuritis in the medulla of cases of Graves' disease.

2. The statement that such a neuritis will explain the phenomena of Graves' disease.

3. Mention of some cases where there were purulent products and where Graves' disease developed.

This appears to be the main evidence for the proposition. (Paludal poison from previous ague is also set down as a cause, and it is said that many goîtres are probably primary disturbances in the sympathetic and in various distributions of pneumogastric and associated nerves, but these are apart from the main proposition). Now this hypothesis is a possible one, and it is strengthened by a list of authorities who have propounded views of a more or less similar nature; but, surely, what is wanted is a much greater development of the evidence mentioned under headings 1 and 3 above. We

want an exhaustive summary of *post mortem* results, especially with regard to the condition of the medulla, and an exhaustive survey of the previous history of a large number of cases of Graves' disease, to determine what proportion of them have suffered from chronic suppuration. Dr. Blake has such a large acquaintance with the literature of the subject that one cannot but believe that he could have done this, at any rate partially, and it would have been much more satisfactory than the method he has adopted.

The second proposition of the preface, that the same products lead to the production of rheumatism in males by acting in the same locality, is hardly more than mentioned, and certainly not much evidence is produced for it. It is to be noted with regard to it that women suffer more than men from rheumatoid arthritis, which is the joint disease that appears most connected with nerve changes. Dr. Blake's book suffers also from rather too indiscriminate quotation. Equal importance cannot be attached to all his citations, and some of them tend rather to confuse than to elucidate his case. In fact, a want of systematic arrangement is the main fault of a book which is obviously the result of wide reading and considerable experience. We seem to see in reading it, not so much an argument to a clearly seen position as a series of approximations—to a conclusion which the writer only evolves definitely in his own mind as he proceeds.

It is only fair to add that a good deal of the difficulty of getting a clear view of the writer's case is due to the fairness with which he puts down outside opinions, whether they make for or against him.

The book is excellently got up, and contains several good plates. The section on treatment might be enlarged with advantage. No special stress is laid on distinctively homœopathic treatment. A suggestion is made as to the administration of *thyroidine* by inunction, which method, it appears, Dr. Blake has carried out with success.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The first meeting of the Session 1894-5 was held on Thursday, October 4th, at the College of Organists, Bloomsbury, at a quarter to eight. Dr. Byres Moir (President) presided over a full meeting, and in a few introductory remarks, welcoming the members, opened the Session.

Dr. Burford showed a solid ovarian tumour (*adenoma*), which he had removed by abdominal section. Dr. Johnson

gave an account of the miscroscopical appearance of the growth.

THE MATERIA MEDICA AND THERAPEUTIC SECTION held its first meeting and presented a paper by Dr. J. W. Hayward, of Birkenhead, entitled *How to Learn Drug Pathogenesy*.

Dr. Hayward stated that although "How to learn the Materia Medica" had already been thoroughly discussed by the masters in this branch of our profession from Hahnemann onwards, the publication of the *Cyclopædia of Drug Pathogenesy* had rendered a re-consideration of the subject necessary.

The object of this study, he maintained, was to gain a knowledge of "the genius and the sphere" of the pathogenetic action of drugs, *i.e.*, a knowledge of drug diseases, so as to be able to fit these to natural diseases. He also contended that drug diseases should be studied in the same way as natural diseases; that the *Cyclopædia* provides the material for study, and that the *Schema* should be used only for ultimate appeal for individual symptoms in practice.

The plan of study he advocated was—first, leisurely reading of the drug in the *Cyclopædia*, then careful and analytical reading, and then constructive reading, so as to grasp the disease-producing power of the drug and the nosological forms of disease its effects represent or indicate. He pointed out the results of such study, giving practical illustrations; and he stated that the practice of most homœopathic physicians of the present day in acute diseases is from a "general" knowledge derived from such sources as the *Cyclopædia*, and that only in chronic diseases, and with anomalous cases is resort made to minute symptomatology; and he maintained that not only is such practice justifiable, but it is all that can be carried out in the everyday work of the busy general practitioner. He referred to Hahnemann's method of learning drug pathogenesy, and condemned mere mechanical symptom-covering, mere key-note empiricism and mere "specificking."

An interesting discussion followed, in which Drs. Ord, Blackley, Dudgeon, Hughes, Goldsbrough, Wolston, Pope and Byres Moir took part, Dr. J. W. Hayward subsequently replying.

Dr. Ord's paper on *A Comparison of Drug Symptoms of the Eye and Ear: their Analogies and Practical Importance*, then followed. Carefully excluding anatomical and developmental analogies, the author pointed out the parts of eye and ear respectively that performed similar functions, and then by a critical examination of the drug symptoms of *belladonna*, *hepar* and *silica*, he showed that an undoubted analogy existed

between the eye and ear symptoms obtained from each. So similarly do these and other remedies appear to affect functionally analogous parts in both organs, that Dr. Ord suggested the possibility of utilising eye-symptoms of certain drugs to elucidate their less intelligible ear-symptoms, and to provide hints for their use in various ear diseases. This similarity, it was observed, had been pointed out some years ago by Dr. Lilienthal, and successfully acted upon recently in a case of combined neuritis of the optic and auditory nerves by Dr. Houghton. Certain prominent symptoms occurring frequently in the pathogenesis of many drugs were shown to be probably induced by similar pathological conditions in the eye and ear alike. Sensitiveness to light and to noise, for example, were caused by the same remedies, as were frequently flashes of light and tinnitus aurium. On the other hand, there were important diseases in both organs which could not always be compared, such as conjunctivitis, middle-ear catarrh and others. Guided by these ideas, and from a purely materia medica standpoint, Dr. Ord critically examined the ear-symptoms of *zinc*, *clematis*, *spigelia*, *tabacum*, *chelidonium*, and *carbon di-sulphide*, comparing them with their respective eye-symptoms, and suggesting their possible usefulness in various forms of ear disease. Several cases were quoted in confirmation of these views, and the paper terminated by some suggestive remarks on aural vertigo and so-called Ménière's disease.

The paper was favourably discussed by Drs. Dyce Brown, Pope, Hayward, the President and others, and somewhat severely handled by Dr. Dudgeon and Mr. Dudley Wright, who, however, attacked the author's comparisons, chiefly from an anatomical, rather than a materia medica, point of view.

NOTABILIA.

AN OBJECT LESSON IN MEDICAL ETHICS.

A West Riding Practitioner, a member of the British Medical Association, has lately published a small pamphlet entitled *Ethics in Medicine in Relation to Unorthodox Physic*; which, from one point of view, may be regarded as amusing, describing, as it does, an attempt to run with the therapeutic hare, while hunting with the professional hounds; and showing how, notwithstanding a large amount of caution, his efforts terminated disastrously!

"The best laid schemes o' mice and men
Gang aft a-gley;
And leave us naught but grief and pain
For promised joy."

The author, who is personally unknown to us, appears to be a well-meaning gentleman, one anxious to avail himself of all modern methods of treatment, and, at the same time, desirous of cultivating good fellowship with his professional brethren. To enable him to do the former he appears to have made a study of hydropathy, to have rendered himself more or less familiar with the clinical results which have followed the use of homœopathically selected remedies, and also to have shown his respect for traditional therapeutics by relying upon them for the choice of his drugs, when he did not know of anything better.

He has endeavoured to propitiate his medical neighbours by assuring them that he is not "a homœopath," that he refuses to accept the "label," or to "join any homœopathic society." He seems to have accepted in all sincerity such statements as that of Dr. Wilks (*inter alios*) who, when speaking at the College of Physicians in December, 1881, said: "The members of the College are entirely free to hold what opinions they like." The West Riding Practitioner would seem to have lived under the delusion that liberty to hold an opinion necessarily involved the liberty to express it! He has apparently thought that after successfully using a drug recommended in a certain condition, say, by Dr. Hughes, he was in honour bound to attribute his additional knowledge to the work of that physician. He has found that he has been mistaken here also. He has assumed that the ethics of the British Medical Association were based upon, and consistent with, Christian ethics. Here likewise he must ere now have discovered his error. Indeed, how any one reading Dr. Styrap's *Code of Medical Ethics*—endorsed, we believe, by the British Medical Association—could suppose its instructions to rest upon any such basis, or to possess any such consistency, we do not understand. To meet, in consultation, a physician practising homœopathy, for example, is there described "as a dishonest and degrading act." And all the while the man who penned this passage knew little more of homœopathy than did the compositor who set the type of his *Code*, and nothing more than did the late Dr. Horner, when, with two other members of the Association, he framed the 1851 resolutions referred to at p. 658 of the present number of the *Review*. Misrepresentations of homœopathy and slander of medical men practising homœopathically are the outcome of British Medical Association ethics—but misrepresentation of anything and slander of anybody are contrary to Christian ethics. The various attacks upon homœopathy, extending over the last sixty years, bear abundant evidence of the truth of our assertion. A physician may prescribe a remedy to relieve

a given condition, which is well known to be homœopathic to it, but if it was one which was first suggested as a likely medicine to relieve it by an avowed homœopath, his name must never be referred to in connection with it; still more is it "dishonest and degrading" to express an "opinion," that the relations subsisting between the pathogenesis of the drug and the pathology of the given condition it relieves, is homœopathic!

It is permissible to write a book on materia medica—full of the recommendations of drugs derived either from the author's practice of homœopathy or the works of homœopathic physicians generally, and, provided that the said author first publishes what is, for all practical purposes, a repudiation of homœopathy, and refrains from referring to homœopathy unless by a sneer; so great, so complete is the ignorance of homœopathy of those who denounce this therapeutic method as "dishonest and degrading," that it may indeed be favourably reviewed by the medical press! This actually happened twenty years ago, when a book so derived was described by *The Lancet* as "a very creditable addition to our literature, and as calculated to be of the greatest service to all practitioners." *The British Medical Journal*, and the since defunct *Medical Times and Gazette*, were equally unstinted in their praise of it. *The British and Foreign Medico-Chirurgical Review* (October, 1875) alone saw the drift of its teaching. The writer of the article said: "We make bold to say that the majority of those who have commended the work have hardly been in a position to do so from a thorough knowledge of the subject." As he thinks that he is, he states, and with perfect truth, that "the newer matter, indeed, is almost wholly taken from two sources, the later German researches and homœopathic literature." After noticing the former, he goes on to say: "As to the rest of this new matter it is neither more nor less than pure homœopathy." And again he writes: "There are good grounds for animadversion on the part of the homœopaths, who most justly say, here is a man practising pure homœopathy, and yet his teachings are accepted with something like admiration by the body of the profession. We confess that we here hold with the complainants, for this is certain—either Dr. Phillips's teaching must be rejected, or homœopathy and old physic become one and the same; the only distinction of any importance left is the dose, in which again the two opposing forces are rapidly converging."

To teach homœopathy, and at the same time sneer at it *in toto*, is the only method of running with the hare and hunting with the hounds that is possible. The West Riding Practitioner has tried to be honest in a mild way—but that is too much!

Our West Riding Practitioner has, at length, discovered that he cannot treat a patient homœopathically with the *minimum* amount of honesty without being boycotted! He calls himself a "cosmopolitan"; but that won't serve. It shows that he is a homœopath sometimes! To secure good professional fellowship *The Lancet* told us, years ago, that "nothing less than the most unreserved renunciation of all the dogmas of homœopathy in name and in *deed* can be accepted."

The following is the account he gives of himself:—

"My own position as the result of over thirty years in the profession, is that I am simply cosmopolitan, and this, as the outcome of a fair and prolonged practical observation of the treatment of disease, allopathically, homœopathically and hydropathically, with which latter were associated electro- and masso-therapy. The result of my observation in medicine as elsewhere, is that there are 'many roads to Rome,' and consequently I hold every practitioner ought to be free to take in each case of disease what road towards recovery he honestly believes to be the best, though personally I do not believe that the practitioner who labels himself a pathist of any school, and who confines himself and his patients to his 'pathy,' is in the scientific or humane sense, a true physician."

Does our West Riding Practitioner deny that the Brunonians and the Broussaisists were "in the scientific or humane sense true physicians"? Were they less so than the "cosmo-path, so to speak" If so, why? He expresses his "astonishment that with over thirty years of loyal service in my profession behind me I should be treated as a pariah simply because under, as I believe, Divine guidance, and in accord with the wide-embracing comprehensiveness of the all-Father, I have put medical sectarianism on one side, and become neither ortho- nor heterodox, neither allopath, hydropath, nor homœopath, but a 'cosmo-path,' so to speak. That is, I have allowed no prejudices to prevent my ascertaining the clinical facts of each of these 'pathys' and using them in my every-day work honestly, humanely, and scientifically to the best of my belief and capacity, never courting or accepting patients except on the broad basis of an all-round general practitioner."

In a letter to Dr. Hayward, of Birkenhead, who appears to have suggested his subscribing to the Hahnemann Publishing Society, which he declines to do on the ground that he has no intention of committing himself "in any exclusive sense to a 'pathy'," he defines his position towards homœopathy in the following sentence:—

"While recognising the earnestness and conscientiousness of your school, and the usefulness of much that has been

worked out by homœopaths and also by the allopaths, I refuse to identify myself with any partisan treatment of disease. because the order of my mind, the imperfection of my memory, and the pressing requirements of disease in general practice, and my conception of duty to my profession, to the Supreme, and to my fellows, make it impossible for me to be contented with either orthodoxy or heterodoxy in medicine. It is, I know, somewhat unsatisfactory, but I simply want to know facts readily available for relieving and curing disease, rather than to be mentally wrapped up in a philosophy which makes one see the phenomena of disease through the spectacles of a 'pathy.'"

Notwithstanding the "cosmopolitan" attitude, the bare facts of using homœopathically indicated remedies, and stating to whom he was indebted for the knowledge that they were remedies, in the conditions in which he successfully prescribed them, professional boycotting was the consequence. The nature of this boycotting he describes in the course of a letter to the Dean of a provincial medical school, whose assistant he had been at one time.

"At your own —— Society" he writes, "after being proposed and seconded by two of my colleagues on the —— Hospital staff* I was blackballed by a concerted opposition of which no notice was given to me or to my backers, and in this way. Some three years ago certain letters of mine appeared in the '——' in connection with a correspondence *initiated* by one of the —— Infirmary staff, and which expressed views as to which I was *challenged* by Dr. —— to make public, but which letters I publicly withdrew. These withdrawn letters were taken down by Dr. H. —— to the Society's meeting, and submitted as expressive of my views and position without any intimation that they had been withdrawn as no longer representative of my position. Further, as I understand, Drs. H. and A. —— canvassed for votes against me, stating that I was a homœopathist, although I have constantly repudiated this label; and in my application for the post of Medical Officer to the —— Infirmary—when Dr. H. ——was also a candidate, and the successful one—I definitely explained my position as being no 'pathist' of any school. As I say, neither I nor my proposer and seconder were communicated with, all this being done (and not openly) at the meeting when I was to be voted for, so that no answer

* I cannot too warmly express my obligations to my hospital colleagues, who have been thoroughly loyal and most kind throughout and to one of them especially, acting through Professor ——, I owe it that the boycott of the —— men has in its collective and combined aspect ceased to exist for the present, at any rate.

could be made. And thus the Doctors—— got some eight blackballs, chiefly, I believe, of —— men, against me, which prevented my being elected.

"On my writing to Dr. H.—— asking that the foregoing should be dealt with in a friendly spirit, he wrote me a wild letter refusing to go into the matter at all, and a courteous letter to Dr. A. —— was not even acknowledged. As you are aware, I was a member of the Society before my breakdown in health compelled me to leave the district, and I think you will credit me with having been loyal at some personal sacrifice to my Alma Mater, the —— Medical School, and—according to my lights—the profession to which I belong. Further, Dr. —— refused to meet me because I admitted I made use of things I had learnt from the homœopaths, as he stated he was an allopath, by which he said he meant he was orthodox only. He called to his counsel the —— staff, with others, who agreed among themselves not to meet me or recognise any who did, and refused to give me their names, to meet me on the matter, to allow of a professional adjudication on the ethics involved, or to accept a statement of my position, which my old teacher, Professor ——, declared to be 'unexceptionable.'* Thus I was arbitrarily and intolerantly boycotted by a self-constituted occult court, and I and my patients deliberately and pertinaciously placed outside the pale of humanity so far as Dr. —— and his friends went, and could secure it. All this I submit is a grave 'blot on medicine.'

"Now in my own town where competition is extremely keen, none of my *confrères* have been in professional antagonism to me, and although I am M.O.H., I am and have been on good terms with them, so that I attended one of them in his attack of influenza, and he and I regularly helped each other. Yet Dr. —— would not see my neighbour in his illness, because I was in attendance. When Dr. ——, brother of Mrs. Humphrey Ward, and nephew of the Right Hon. W. E. Forster, was with me as my partner, he was similarly treated, simply because he was with me; and so he was not allowed to be proposed as a member of the —— Medical

* The following was the statement referred to:—"My basis of drug prescribing is their toxicological, pathogenic, physiological and remedial actions, as suggested in the observations and records of medical science. I commit myself to no *theory* of drug action, but as a doctor make use of any and every drug within the range of my cognisance in any and every way which my own experience and that of reliable observers warrants. I added I was cosmopolitan and eclectic in my views and sympathies, and held sectarianism (allo-, hydro-, and homœo-) to be, from my standpoint, disloyal to medical science."

Society. Again, Dr. —— (who told me he had himself *sub rosâ* practised homœopathy for twenty years) while President of your —— Society met me in a case in which *he ordered homœopathic treatment* where I had been giving ordinary remedies. After seeing the case three times, he had to write to me to say he was very sorry, but he found that he would be boycotted by his colleagues if he continued to meet me, and that because of *my* supposed homœopathy. You say you do not approve of persecution, or of giving a man grounds for saying he is a martyr. You cannot possibly know what such persecution as I have had to contend with means, and for subtlety and implacable animus combined, the Odium Medicum as I have known it, is as bad as Neapolitan Bombaism, Roman Jesuitism, and the Inquisition methods in the darker ages. And yet we boast of our British freedom, of our civil and religious liberty, of our Christian brotherhood, of our *fin de siècle* civilisation, and of our 'noble profession.'

* * * *

"Let me say that although in Fagge's Medicine, Vol. I., allopathy is declared to be equally unreasonable in the scientific sense as homœopathy; and although Roberts, as I have pointed out, includes homœo-therapy in the treatment of hay asthma, and although Dolan of Halifax gives in his Summary of New Remedies a considerable list of '*long used homœopathic*' remedies, with their uses, yet in ——, with the exception of Dr. ——, the men who boycotted me took up the attitude:— (1) That they were allopathic, orthodox and *regular* practitioners only, all of which terms were declared to be synonymous, and as such must boycott any man whose *opinions* were opposed to their's. (2) That to admit there was anything good in homœopathy, or to use anything associated with it, was disloyal to the profession, and made one a mere quack. (3) That, having been at a Hydro' as Medical Superintendent, and having in consequence of my experience acknowledged my belief in hydro- and homœo-therapy as *part* of my therapy, though in a *clinical* sense only, made it impossible for me to be recognised by any respectable practitioner or consultant, and that I and every one who had relations with me ought to be, and by them would be, rigidly boycotted.

"Lastly, that my having pleaded for the application of scientific essentials, of British liberty and of Christian courtesy to our homœopathic *confrères*, constituted an unpardonable disloyalty to the profession at large, and on this ground I was not only professionally boycotted, but denied the courtesies and amenities of ordinary civilised life."

This chapter in professional life has its depressing as well as its amusing side. Why is it so? It is so, because it proves how

grossly insincere, how utterly unjustifiable is the boast that physicians, one and all, are always willing, nay, anxious, to obtain hints as to how their powers of usefulness may be extended, come they from whatsoever source they will. The demoralising influence of the professional antagonism, which has been shown to homœopathy, has been fully displayed in scores and hundreds of instances, but rarely more fully than in this pamphlet. What, for example, can be the *morale* of the man, who, after practising homœopathy *sub rosâ* for 20 years, refused to meet the unfortunate West Riding Practitioner in consultation because he was doing the same thing, only somewhat less *sub rosâ?* We regret the therapeutic ignorance of our professional brethren who set themselves in opposition to homœopathy, but such demoralisation as is displayed here is lamentable in the extreme.

The standpoint whence the West Riding Practitioner views homœopathy is a most erroneous one. He seems to regard it as a budget of therapeutic "tips." It is far otherwise. It is a principle of drug selection, without which such therapeutic "tips" would never have been known, without a knowledge of which he cannot accurately apply them when he has gleaned from Hughes's *Pharmacodynamics* and other sources. *Hamamelis* is, as he has found, an admirable remedy in hæmorrhoids; but so, too, are *nux vomica*, *æsculus*, *sulphur*, and so on, and it is only by a recognition of homœopathy, by being guided, *i.e.*, by the law of drug selection, that he, or any one else, can predicate which will be the remedy in the case he has to deal with.

Again he is in error in supposing that any physician who treats disease homœopathically "labels" himself. To know, or to have reason for believing, that homœopathy constitutes the scientific basis of drug selection, and to treat disease accordingly, as far as knowledge and means permit, renders it an obligation, a duty, a point of honour to admit that we do both, when challenged. Whether we accept the label or not, some one will stick it on to the man, who, believing in homœopathy, fulfils the duty such belief entails upon him The West Riding Practitioner says that he is a "Cosmopath, so to speak." Every physician is so more or less. When he orders a wet compress to be applied to the throat in a case of acute tonsillitis he is practising hydropathically; when, at the same time, he prescribes *belladonna*, in such a case he is practising homœopathically; when, in the course of some painful organic disease, he endeavours to mitigate suffering he cannot otherwise relieve by a hypodermic injection of morphia, he is practising anti-pathically; and when, *faute de mieux*, he applies a mustard plaister to remove some pain, the

source of which he cannot trace, he is practising allopathically. The value of each prescription may, and does, vary in degree; but each may be thoroughly justified by the circumstances of the case.

But when the utmost has been made of the various conditions under which disease is met with, the experience of the entire body of homœopathically practising physicians teaches us that, in all but a very small, we may indeed say, fractional percentage of cases, where drugs are of any use at all, none confers so much relief as that which is homœopathically selected. Without his accepting any "label," the physician, who endeavours to give his patients the advantage of this experience, is regarded as a homœopathist, both by the profession and the public; and, moreover, the wider his therapeutic learning and the greater his experience, the more he will feel complimented by being so regarded.

There is one more thought suggested by the West Riding Practitioner's pamphlet. He has sought for and utilised the clinical results of homœopathically selected drugs, as a duty that he owed to his patients. So far, good. But, has he no duty to perform to his profession? Is this duty fulfilled when he has publicly endorsed the recorded value of certain therapeutic hints, a few clinical results obtained in a purely empirical way? Lord Bacon wrote, "I hold every man a debtor to his profession." This debt he describes as being "performed in some degree by the honest and liberal practice of a profession, when men shall carry a respect not to descend into any course that is corrupt and unworthy thereof, and preserve themselves free from the abuses wherewith the same profession is noted to be infected; but much more is this performed if a man be able to visit and strengthen the roots and foundations of his science itself; thereby not only gracing it in reputation and dignity, but also amplyfying it in profession and substance." This latter duty he has not performed; and, by refusing to join the Hahnemann Publishing Society, he, in as practical a way as he could adopt, declined to attempt any performance of it. His excuse—that he "did not wish to commit himself to any pathy"—was a very weak and, as it has turned out, a very futile one. The mere fact of his using homeopathically selected drugs whenever he could find them, simply because he had experimentally proved them to be more useful than others, proved that he was a homeopathist, as far as he knew how to be one; he was boycotted and worried by his professional neighbours on this very ground.

If a medical man has found reason to believe that homeopathy is true, he is, in duty to his profession, bound publicly to acknowledge that it is so, and at the same time to unite with those who are endeavouring to develop it in societies,

through literature, and at hospitals and dispensaries. "If homœopathy, by those who know and feel it to be true, is not openly declared by them to be so, if it is not clearly and distinctly taught, if it is not practically illustrated, with reference to the therapeutic principles it involves, scientific medicine will inevitably suffer; the work we have accomplished, will be deprived of half its value; and, instead of having brought about the general adoption of a therapeutic method, based upon definite scientific principles, the result of our labours in the field of therapeutics, will be nothing better than a somewhat improved system of empirical therapeutics." —(*Monthly Homœopathic Review*, vol. xxi., p. 404.)

In conclusion, we would quote from the address of the President of the British Homœopathic Society in 1882, and urge the West Riding Practitioner and all others "to take into consideration these two facts—*first*, homœopathy has been proved by a large mass of well-attested evidence to be a great life-saving, illness-shortening truth; to be the basis of all specific drug therapeutic progress; and then, *secondly*, homœopathy is a truth, against the spread of which there is a widely organised conspiracy, resistance to which involves much that is unpleasant. Put these two facts together, and then, remembering Nelson's address to his sailors, let each ask himself, 'What is my duty?'"

Then—

Fortem posce animum.

And, finally, remember the advice of Polonius,—

"This above all—to thine own self be true."

HOMŒOPATHY *VERSUS* MODERN THERAPEUTICS.

In a paper on Cholera Infantum, read before the American Institute of Homœopathy at its last or jubilee meeting, held at Denver during June, Dr. C. H. Thomas, of Cambridge, Mass., and since been published in the *Hahnemannian Monthly*, the following case is reported, not only as illustrating the value of the arsenic of copper and hellebore in similar cases, but, as presenting a striking contrast between the results following the use of homœopathically selected medicines and those modern therapeutic methods in which homœopathy is ignored:—

"Baby, æt. four months, light complexion, scrawny, poorly nourished, was taken with cholera infantum, July, 1893. An allopathic physician being called, ordered all the windows closed, and an application of red pepper, ground cloves and cinnamon, with lard as a base, applied to the abdomen, and injections of laudanum, chalk mixture and paregoric internally. At the end of the second day the child

was in convulsions, eyes turned up, constant chewing, twitching of the facial muscles, rolling of the head, piercing screams, contractions of the upper and lower extremities, spasms clonic and tonic, almost constant rice water discharges with a cadaverous odour, retention of urine. A consultation with an old school physician resulted in prognosis, 'fatal within three hours; everything possible has been done.' In this condition the patient was turned over to me for what was most probable, *i.e.* 'certificate of death.' The first done was to remove all clothing, thoroughly sponge the little one's body in tepid water, remove all local spicy applications, open all the windows on that floor for fresh air, remove the patient from before a hot fire in the kitchen stove, clearing the room of all but one person, and administering *cuprum ars.* 6 x, every half-hour. To see that these directions were carried out to the letter necessitated my remaining in the sick room from one until six p.m., but I was well repaid for so doing. After the third exhibition of the remedy the convulsions ceased, with all the other symptoms substantially improved. Another visit was made at midnight; child asleep, no discharges since seven p.m.; was fed at eight p.m. on malted milk, and this was the only food used during and after convalescence, and filling all requirements. The next day there was a slight rolling of the head, four discharges of a dark brown character, and slight retention of urine, which was somewhat coloured with urates. *Helleborus nig.*, 6 x, was exhibited hourly for three hours, then discontinued, as all demand for it had ceased. The next day (third) the child was taken to the seashore in an open carriage, and remained there all day, sleeping quietly most of the time, returning at sunset with the elixir of life manifested in all its glory. The boy still lives, healthy and robust, with every prospect of a bright future, and the family and neighbours firm converts to homœopathy and its possibilities."

PROFESSIONAL OPENMINDEDNESS!

The *Illustrated London News* of last month is responsible for the following:—

"There is some reason to fear that the readiness with which operations are submitted to under chloroform makes them too lightly done, and diminishes the search for other methods of cure. Dr. P. Gowan, who is a M.D. and Master of Surgery of Edinburgh University, and a Doctor of Science also, has just published in pamphlet form an important account of how he has cured a case of cancer of the breast. He at first very properly desired to submit it to the profession only, through the leading professional journal, but the report was

refused admittance to its columns. The reason for such editorial refusal is incomprehensible, since the object of the paper was to propose to substitute, in certain cases, a simple and costless mode of treatment in place of a dangerous, distressing, and expensive operation. Cancer (like some other of the worst diseases, notwithstanding our boasted improvements in medicine) has terribly increased in fatality of recent times, and women are its special victims. In November, 1893, Dr. Gowan was consulted by a lady whose mother had died after an operation for cancer of the breast, and the patient therefore had resolutely determined never to have such an operation performed on herself. Dr. Gowan was thus obliged to look about for some other treatment, and he found that so long ago as 1815 a practitioner had reported similar cases cured by pressure, and that Sir Spencer Wells had spoken approvingly of the use of cold in cancer. Accordingly, Dr. Gowan united these two ideas, applying ice for a certain time and then pressure by specially made stays and an air-pad. In five months his patient's morbid growth was absorbed, and she was to all intents cured. The disease may recur, but so it does very often after operation. It would have been expected that this report of such a simple, humane, and safe method of treatment for a sadly common and fatal disease would be gladly hailed and generally tried by the profession; but though the author of this report was a highly qualified medical man, he was not even allowed to communicate the facts to others through the medical journal; hence he is obliged to have recourse to a pamphlet, which thousands of other medical men will get no knowledge of, unless the lay press assists them to do so."

UNSWEETENED CONDENSED MILK.

Unsweetened condensed milk, though the "First Swiss" brand has been in use in this country during some ten years past and is now carried by most of the large passenger steamers, deserves to be more widely known. The perfection to which the preservation of milk has been brought is well exemplified in this article, and when properly diluted the flavour of rich creamy fresh milk which it yields, affords evidence in favour of the claims of the proprietors, that it is simply pure, fresh Alpine cows' milk of the highest and richest quality condensed to one-fourth of its bulk, and that it is not adulterated with sugar or any preservative.

Its thorough sterilisation is also apparent, and (apart from the disadvantages arising from the continually changing quality of ordinary milk according to the food or pasturage on

which the cows feed) the transmission of scarlet fever, diphtheria, and other infectious diseases, for which our dairies are often responsible, is rendered by its use very improbable, if not impossible.

With these excellent qualities such a preparation cannot fail to be a useful adjunct to the sick-room dietary as well as a food for infants, and will be found especially useful in gastritis, gastric ulcer, peritonitis, &c. It is, however, in the feeding of infants that we have had most experience of the unsweetened milk. The tendency of sweetened condensed milk to cause catarrh of the stomach and bowels in infants is well known, and the resulting mal-assimilation and mal-nutrition, leading even to rickets, have caused it to be largely disused by medical men. On the other hand, the convenience of "condensed milk" and its cheapness make it still largely used by the public, especially the poorer classes. When the unsweetened milk is used we have seen no bad results, and have often prescribed it in place of the sweetened with advantage. Medical men should be careful to specify unsweetened when advising condensed milk. The "First Swiss" is the only brand we have tried.

Professor Goodfellow's analysis, which we append, shows the quality of this milk, and that it is free from added sugar. His report also states that microscopically it is free from micro-organisms and that the fat globules are normal. Our own examination confirms the latter statement and establishes the general excellence of the milk when properly diluted.

Analysis :—

Water	61·3
Caseine	9·1
Soluble Albumen	1·5
Fat	11·7
Lactose	14·8
Salts (mineral matter)	2·1
	100·0

CHAMPAGNE FOR RHEUMATISM, GOUT AND DIABETES.

We have received a sample of the Grand-Vin-Brut Laurent-Perrier "Sans-Sucre" Champagne through the proprietors and sole consignees, Messrs. Hertz & Collingwood, of 4, Sussex Place, Leadenhall Street, E.C., and we have no hesitation in saying that it is one of the finest champagnes in the market. It is not one of the many champagnes which are advertised as being "equal to the finest brands," but we have long held that if a natural champagne is of the finest quality,

without any added sugar or alcohol, it is one of the safest beverages for gout, rheumatism and diabetes, when alcohol is at all indicated. The difficulty is, to get such a wine. Here we have it, a wine of the finest quality and flavour, and absolutely free from added sugar or alcohol. We have not ourselves analysed it, but from the taste of it we are satisfied that the analysis made by Professor R. Fresenius, of Wiesbaden, the well-known analytical chemist, is accurate. In his report it is found that sugar is entirely absent. This is an all important point in prescribing champagne in rheumatism, gout and diabetes, and we have no hesitation in saying that whenever it is deemed necessary in these diseases to advise an alcoholic stimulant, this is the wine *par excellence* to prescribe, and that it will be absolutely safe and beneficial, while the very fine quality of the wine will make it very highly appreciated by those who know a good wine when they taste it. We can recommend it in the strongest terms, and we are pleased to find that other medical journals endorse our opinion of it.

When champagne is necessary or desirable in the class of cases named, and when the patient can afford it, it is well worth his while to drink such perfect wine as this is.

Messrs. Hertz & Collingwood have also introduced a wine called "Coca-Tonic-Champagne," which is really the same wine as we have just noticed, with the addition of coca. This wine we have not tasted, but when it is thought advisable to give coca as well as champagne, one could not have a more thoroughly safe and excellent wine. There ought to be a large demand for these wines.

CORRESPONDENCE.

PATHOLOGY AND SYMPTOMATOLOGY.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—It is quite true, as Dr. Galley Blackley says, that the question of the "relation of homœopathy to pathology" is one that is exercising other minds than his own, and it is likely to do so for some time to come.

But if we are to arrive at a clear and definite understanding regarding the matter under consideration, it behoves us to do all in our power to use language that is free from ambiguity.

In matters of dispute it frequently happens that the disputants are much nearer in belief to one another than might at first be supposed, and it only requires a correct knowledge of the terms each employs to enable them to see eye to eye.

Dr. Galley Blackley's letter in the October number of the *Review* contains a phrase which appears to me unfortunate, because it has a tendency to increase rather than diminish the

difficulty of arriving at a satisfactory conclusiou on the subject about which he writes.

The phrase I complain of occurs in the following sentence, and is printed in italics: –

"In the strictest sense of the word the pathology of a given disease means neither its morbid anatomy nor its symptomatology, nor a compound of the two; the latter are but the outward and visible sign of the morbid molecular changes, the perverted function going on within the organism (*the morbid physiological process in fact*)."

Although I think I understand what Dr. Galley Blackley means by this expression, it seems to me a great pity that he ever made use of it, because if physiology is the science which treats of the *normal* processes which have their seat in the living bodies of plants and animals, as Hermann declares it is, how can we, without opening up a whole labyrinth of misunderstanding, begin to talk about a *morbid* physiological process, seeing that a physiological process is, in the very nature of it, *normal*.

When a physiological process has become morbid it is no longer physiological, but *pathological*, and such, and such alone, it ought to be called.

The whole sentence in which this phrase occurs is difficult of interpretation. The second part of it reads thus:—"The *latter* are but the outward and visible sign of the morbid molecular changes going on within the organism."

I have taken the liberty of italicising the word which appears to me to make the understanding of the passage difficult.

What does it refer to? It reads as if it referred to symptomatology, only the verb is in the plural, which makes it somewhat uncertain.

As far as I understand this letter, it appears to me that Dr. Galley Blackley interposes something between the symptomatology and the morbid anatomy of disease. "The pathology of a disease," he says, "means neither its symptomatology, its morbid anatomy, nor a compound of the two." Then, without telling us what it really *does* mean, he adds—"What remains to be done is, to arrive at a just appreciation of the nature of the morbid processes underlying both classes of phenomena." So that, inferentially, we may assume pathology to be the science which treats of abnormal processes having their seat in the living bodies of animals. This, of course, excludes morbid anatomy,

But how are we to arrive at a just appreciation of the *nature* of these abnormal processes, except by means of another science, viz., that of symptomatology. Dr. Galley Blackley mentions bedside urine-testing and microscopical

examinations of blood and urine as examples of methods that are daily employed in enabling us to arrive at a correct appreciation of the nature of the morbid processes underlying both the symptomatology and morbid anatomy, but the information derived from which, he says, cannot fairly be considered as coming under the category of either.

Bearing in mind the definition of pathology given above, and the two great sections into which the science of symptomatology is usually split, it does not seem any stretch of the imagination to regard the information thus obtained as constituting a symptom or symptoms of disease.

If you look upon a patient suffering from anæmia and note the blanched appearance of the lips and integuments, and afterwards examine the blood microscopically and ascertain that its red cells are diminished in number, the one seems to me as much a symptom as the other.

If, again, you find an abnormally large quantity of urine passed by a patient, and note at the same time that it has an odour of apples, and is associated with extreme thirst and progressive emaciation, and afterwards putting some of it into a test tube along with a solution of caustic potash and boiling it, you observe that it becomes brown in colour, this last fact is as much a symptom as either of the others.

While Hahnemann pointed out that it was only by means of the totality of the symptoms that a true picture of disease could be obtained, I am not aware that he prescribed any limit as to the methods that might from time to time be employed in their elucidation.

But the whole thing seems to me to resolve itself into a question of what we are to understand by symptomatology.

Taken in a restricted sense, it may simply mean all that a patient can tell us regarding the disease from which he is suffering, or, in its wider significance, all that can be found out by every means at our command, whether by faculties highly and carefully trained, or by these assisted by stethoscope, microscope or test tube.

It is in this latter sense that I understand it, and in order to give clearness and precision to the whole matter, I should be inclined to make use of something like the following definitions:—

Pathology.—The science which treats of abnormal processes having their seat in the living bodies of animals.

Symptomatology.—The science which deals with the expression of these abnormal processes as they occur in the living bodies of animals.

Morbid Anatomy.—The science which treats of the results of abnormal processes which *have* taken place in the living bodies of animals.

I cannot find any *single* word in the language that conveys quite the same meaning, but if I may be permitted to coin one, I should say that the word *necromorbology*, if not very euphonious, would express, perhaps, even more exactly the same thing.

While I am perfectly aware of the interest attaching to this subject, and of its importance in enabling us to form an intelligent idea of the changes taking place during the progress of disease, I cannot help thinking that the service which it renders in the all-important matter of treatment is too highly valued by some.

It indicates the course that has been taken by disease; it shows us the havoc and destruction that have followed in its wake; it reveals the terrible nature of the forces that have been at work, but it is no more disease itself than uprooted trees, broken bridges, dilapidated buildings and widespread ruin and desolation constitute a tempest.

And what is more remarkable still, in this connection, is that when the necromorbological picture of both natural and artificial disease most closely corresponds, the therapeutic uses do not by any means always stand in the same relationship, as, for example, pneumonia and arsenic.

What remains to be done, according to Dr. Galley Blackley, is to arrive at a just appreciation of the nature of the morbid processes underlying both symptomatology and morbid anatomy.

But how is this to be done? How are we to arrive at a just appreciation of the nature of these processes? And when it is done, supposing it to be possible, how far will it help us in the treatment of disease?

We have attained to a knowledge of the *processes* of disease very different, indeed, to anything that existed at the time that Hahnemann lived. Have we become proportionately better physicians?

And if we start on a hunt after the *nature* of these processes, I fear we are off on a wild goose chase, for if disease be, as Hahnemann declares, "a purely dynamic and peculiar change of the vital powers in regard to the manner in which they accomplish sensation and action," we shall go but a little way ere we find ourselves in deep waters, and beyond these there stretches a vast territory unexplored and unexplorable, in which the Author of life has concealed the secret of it, and with it the *nature* of those processes which in their aberrations from health constitute disease; and unless we are prepared to accept the manifestations that are perceptible to our senses, unaided or assisted by all the appliances of modern diagnosis, we shall fill our mind with

pathological theories, and our treatment based upon these will be as unsatisfactory—as shifting and uncertain—as the theories themselves.

Yours very truly,

GEO. BLACK, M.B.

Torquay, October 6th, 1894.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I have to thank our two late presidents for their courteous replies to my letter. A little explanation shows that the difference between their views is more apparent than real, and that essentially they are at one. Dr. Hawkes, by his illustration of the galvanometer, recognises the importance of tissue change in disease, and Dr. Galley Blackley includes symptomatology along with morbid anatomy as explanatory of the morbid processes of disease, in his conception of pathology. Both of them, in fact, comprehend under the term all that can be known respecting the course, progress and termination of disease. Symptomatology, therefore, ceases to be opposed to pathology, of which, indeed, it is recognised to be a part. We may speak of symptomatology *versus* morbid anatomy, but not as *versus* pathology, both elements being included under the latter. This gets rid of a possible revolt on the part of some of us, who recognise the important fact that the practice of Homœopathy is based on the symptomatology of our Materia Medica, without which we should simply be nowhere. All researches into structural changes producible by drugs may be welcomed as tending to complete our knowledge of their action. Fortunately there is no opposition between the two lines of inquiry, though some of us are inclined to assign more value to symptoms and others more to organic changes, even whilst admitting that both come under the one head of pathology. Possibly this may be owing to the fact that in general practice one sees more of the beginnings of disease, which are, for the most part simply functional, whilst in hospital practice the physician sees the mature development and the structural changes well marked, and these go to form his idea of pathology.

However, as we are agreed that the term pathology covers the whole ground, it will be a misuse of words to contrast symptomatology and pathology. Symptomatology *versus* morbid anatomy if we please, but not *versus* pathology.

Yours, &c.,

October 21st, 1894. P. PROCTOR.

DOCTORS AS FETICH WORSHIPPERS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The principle of the Fetich is worshipped under many different forms, one of the chief being *medical ethics*, which becomes at once the source and cloak for malice and all uncharitableness for such as are built that way. When our allopathic friend the enemy, wishes to slight his better informed homœopathic brother, as when he refuses to meet the latter professionally, or even, as cases on record show, sometimes declines to render assistance in a matter of urgency, where an extra pair of hands are needed he is deterred by no scruples of humanity from withholding his aid, he sets up his Fetich, bows down before it, and says "Ethics forbid." Then probably congratulates himself that he has administered a "nasty one" to those pestilent heretics (who, by the way, have formed order out of therapeutic chaos), and writes to the journals that homœopathy is dying. But there is an increasing number of allopaths who do not disdain to meet us. These latter we can only regard as lacking an Ernest Hart and wanting in zeal for their great Fetich.

The specialist, almost as much as "the man with a mission," runs a great danger of exalting his line of work into a formidable Fetich. So accustomed is he to treat some special organ that he comes to think that all others are subservient to that one, if, indeed, he do not refer all symptoms to its diseased condition.

But even among our enlightened race, which is supposed to believe in no drug the nature of which is not evident to our five senses, are some who have a Fetich that they are most faithful to. Among such are those who make a Fetich of our cardinal dogma, *similia similibus curentur*. These seem to believe that this is the *only* law in therapeutics, and they will not employ any other means of drugging, however obviously required they may appear to others, to relieve or cure their patients. ex: gr: The giving of opium, or morphia hypodermically to relieve severe pain, to control which a homœopathically indicated medicine cannot be found: or those who resort to surgery too late or not at all, who would treat an abscess for weeks with *calcarea* or *hepar*, instead of using a Syme's knife simultaneously with their drugs.

Then there are some who speak much of "The Master," and,—let me say it with all reverence,—make a Fetich of him. As if there were any finality in therapeutics, and there were nothing new to learn since Hahnemann's time. Were he with us, I am sure our great founder would be the first to

argue against this fallacy. Such Hahnemannians, as they love to style themselves, employ only the very high potencies in all cases, acute as well as chronic. Surely this Fetich is a very narrow-minded one.

Nearly as bad are those who employ only the lower dilutions, and scoff at infinitesimals.

Let us dethrone these Fetiches, and refuse to be limited by any one law, rule, or strength of drug, and use any and all that we find most suitable to each individual case.

There is yet another Fetich, which hangs heavily around our necks, like Sinbad's Old Man of the Sea. I mention its name with bated breath—*The Cypher Repertory!* How much of aching head and of unparliamentary language is it not responsible for!

The other day a young man came to me complaining that for months past he had shooting pains in various parts of his head, worse at night and by stooping, preventing sleep, and accompanied by deafness, vertigo and anorexia. He was a good young man who neither took strong drink nor smoked tobacco, and who always went to bed at 10 p.m. As I felt particularly well and strong, and was tired of waiting, like a spider in its web, for patients who did not come, I got out my *Cypher Repertory*, wrote out the various symptoms on a piece of paper, easily found them in the catalogue and wrote opposite each the appropriate cypher. But nowhere could I get a medicine that covered more than two of the symptoms, though I found enough drugs to stock a shop with for each one. When I had finished, my head contained enough symptoms for a new repertory, among which were vertigo, nausea, worse by *Cypher Repertory*, and concomitantly, a fondness for beer, and a preference for using words that rhyme with gooseberry jam. So in my own empirical way, I thought of drugs likely to be of benefit, and then read up their pathogenesy, and finally selected *bel.* 8, and incidentally syringed his ears and removed a quantity of very hard cerumen from each, and then noticed that the lining membrane of the tympana and meatuses was much congested from irritation of the wax. He now could hear quite to a normal extent. When next I see that young man I shall expect to find him cured of all his troubles.

Having attempted to point out the danger of Fetich worship and to enumerate its more obvious kinds, I ought to mention some prevention and cure for the same, and one word will do it—Sociability. Let us make a point of attending our meetings of the British Homœopathic Society, and especially our medical socials, where we can air our ideas, have an interchange of opinion, and by friendly banter, without losing

our individuality, have our sharp corners rounded off, and mental cobwebs cleared, to the lasting advantage both of ourselves and of our patients.

C. Theodore Green, M.R.C.S., L.R.C.P. Lond.
Birkenhead.

"ORIFICIAL SURGERY."

"To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—The surgery that has been done at the Good Samaritan Hospital in St. Louis, in the line of orificial work, during the past two years, has covered a large variety of cases.

As nearly as I can say from memory, and I have no notes of our cases with me to which I might refer, I have performed the American operation about a hundred times. As I am told that probably many of your readers are not at all familiar with orificial surgery, it will, perhaps, be interesting to mention some of Dr. Pratt's methods.

First, the American operation on the rectum may for this writing be considered as a modification of Mr. Whitehead's operation for hæmorrhoids, the object to be attained being to give to the patient a new lower inch of the rectum. The technique of the operation consists in everting the bowel by means of T forceps, cutting it entirely free above the sphincter, dissecting down the flap, and bringing down the new end of the gut and suturing it to the skin at the margin where the old flap has been removed.

The object of this operation is twofold—to remove worn out tissue, with its accompanying irritation and nerve waste, and to improve nutrition and circulation by the stimulation given to the sympathetic nervous system.

I mention here you will readily see only the mere outlines of the operation, as a means of calling the attention of those who may not be familiar with the subject to the central idea, viz., the improvement of nutrition.

Orificial surgery will usually benefit those chronic cases in which an enfeebled circulation and impaired nutrition are present, the improvement being due, according to Dr. Pratt's theory, largely to the stimulus given the system through the great sympathetic nerve.

Undoubtedly in a great percentage of chronic diseases the orifices of the body will be found at fault—either the lower inch of the rectum presents some abnormal condition, or the urethral opening or uterine cervix is not smooth and easily dilatable; you will of course remember that one of the cardinal points Dr. Pratt's orificial philosophy is that without healthy orifices, particularly those of excretion, the body cannot remain in a normal state.

With these few words of explanation I will refer to my own cases treated at the Good Samaritan during the past two years. I call to mind first, four very bad cases of varicose ulcer, all of many years' standing, that had resisted all the usual forms of treatment. The size of the ulcers were from three to six inches in diameter.

All of these cases were cured by the following treatment in four to six weeks.

Centre of ulcer quickly cauterised, then the surrounding ndurated tissue is rapidly punctured with a fine narrow bistoury; the whole surface is then covered with antiseptic oiled silk, gauze pad and over all bandaged from toes up.

Attention was then given to the orifices—especially the rectum—on which the American operation was made in each case. In four to six weeks healthy granulations covered over the large ulcers. The indurated tissue and swollen varicose veins had disappeared. That the attention given to the rectum in each of these cases had greatly to do with the recovery I am convinced.

The American and "slit" operations were made in, as near as I can recollect, about a hundred and forty cases, including hospital and private practice, and that for a variety of diseases, including extreme debility, chronic gastritis, chronic diarrhœa, neuralgia (facial and spinal), sciatica, chronic constipation, and several other cases that I do not now recall. Most of these cases were greatly benefited, a few only slightly so, and one of chronic gastric ulcer died on the fifth day after the American operation had been made, from exhaustion brought on by persistent vomiting caused seemingly by the anæsthetic used at the time of operation.

There is no doubt but what at times there will be found cases where healing after the American operation goes on by granulation—in which there will be more or less stricture, and the ultimate recovery will be slow and tedious, besides which other complications may arise, but taking the average it offers a means of curing chronic cases that must not be overlooked by those who are looking for every useful measure of healing the sick. Those of your readers who are not familiar with Dr. Pratt's methods and line of work I would earnestly urge to investigate the subject to the end that they may be enabled to judge for themselves; but I cannot conclude this letter without speaking particularly of the new vaginal hysterectomy —one of the most successful methods of performing this serious operation in suitable cases.

I am,

Yours fraternally,

W. John Harris, M.D.,

St. Louis, Mo., U.S.A.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

GROSS & DELBRIDGE, Chicago.—No copy of Hale's *Practice of Medicine* has been received either by Publishers or Editors. This is a sufficient answer to your question.

Communications have been received from Dr. J. R. DAY, Dr. BURFORD, Mr. KNOX SHAW, Dr. DUDGEON, Mr. WYBORN (London); Dr. BLACK (Torquay); Dr. HUGHES (Brighton); Dr. PURDOM (Croydon); Dr. CLIFTON (Northampton); Dr. NICHOLSON (Clifton); Dr. WILDE (Bath).

BOOKS RECEIVED.

Ethics in Medicine in Relation to Unorthodox Physic. By a West Riding Practitioner. R. Jackson, Leeds. 1894.—*Die Pflanzen des Homœopathischen Arzneischatzes.* By Dr. A. Von Villers and F. Von Thümen. Oct. 18, 1894. Wilhelm Baeusch, Dresden.—*Bread from Stones. A New and Rational System of Land Fertilization and Physical Regeneration.* A. J. Tafel, Philadelphia. 1894.—*Wright's Improved Physician's, Surgeon's, and Consultant's Visiting List.* Compiled by Robert Simpson, L.R.C.P., L.R.C.S. Published by John Wright & Co., Bristol; Simpkin, Marshall, Hamilton, Kent & Co., Limited, London. 1895.—*Journal of the British Homœopathic Society.* Oct., 1894. Bale & Sons, London.—*The Homœopathic World.* October. London.—*Medical Reprints.* October. London.—*The Chemist and Druggist.* October. London.—*The Monthly Journal of Pharmacy* October. London.—*The Calcutta Journal of Medicine.* September. —*Personal Experience in the Use of Count Mattei's Remedies.* By the Rev. S. J. Whitmee. T. Cheverton, London.—*The Medical Record.* September-October. New York.—*The Medical Times.* October. New York.—*The North American Journal of Homœopathy.* October. New York.—*The New England Medical Gazette.* September-October. Boston.—*The Medical Century.* September-October. Chicago.—*The Journal of Orificial Surgery.* August. Chicago.—*The Medical Advance.* September. Chicago.—*The Homœopathic Physician.* September-October. Philadelphia.—*The Hahnemannian Monthly.* October. Philadelphia.—*The Homœopathic Recorder.* September. Philadelphia.—*The Pacific Coast Journal of Homœopathy.* October. San Francisco. —*The Southern Journal of Homœopathy.* September. Baltimore.—*The Minneapolis Homœopathic Magazine.* September-October. Minneapolis.—*The Medical Argus.* September. Minneapolis.—*The Homœopathic Envoy.* September-October. Lancaster.—*The Indian Homœopathic Review.* Calcutta.—*Bulletin Général de Therapeutique.* September-October. Paris. *Homœopathisch Maanblad.* September-October. The Hague.—*Leipziger Populäre Zeitschrift für Homöopathie.* October. Leipzig.—*Archiv. fur Homöopathie.* September. Dresden.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

———:o:———

PATHOLOGY DEFINED AND THE SEARCH FOR THE SIMILLIMUM.

Our readers will doubtless have read with interest the correspondence which has recently been appearing month by month in our columns on the subject of pathology, its definition and scope. This ventilation of the subject accentuates the fact that the question of pathology and the part that it does and will doubtless further play, in the application of the law of similars to therapeutics, is engaging in a marked degree the serious attention of many of our colleagues. We have had various communications in recent times on the subject, of which Dr. Pullar's thoughtful and clinically illustrated paper, read before the British Homœopathic Society, may be cited as an example. Then we have had the same subject taken as the theme of the presidential address at our annual Congresses, in part by Dr. Hawkes at Northampton last year, and again in further detail by Dr. Galley Blackley in June of the present year. The latter address has evoked the correspondence already noted.

The correspondents have been led into this wordy controversy by the fact that the term pathology has been variously applied, at times in a comprehensive, at others in a restricted sense. And as in the case

of many controversies, scientific and otherwise, so it has been found that the divergence between opinions which at first sight seemed hopelessly opposed and irreconcilable, vanished into thin air when the terms used at the starting point were mutually defined and the premises of the argument critically examined. Each individual intellect has been trained in its own school of experience; each bears traces of its own successive environments. Each thus conceives its own meaning of a term; makes its own deductions and draws its own conclusions. Were this underlying principle of individual variation more generally recognised, we should often be spared useless and unusually protracted controversies, ending in conviction of error in neither side but tending to make each more satisfied with his own tenets. Not so, however, does it obtain in the case before us. Dr. Blackley and his critics seem to be fairly unanimous on the main points at issue but had conceived different ideas of the meaning of the word pathology.

It might, therefore, be well to utilise the opportunity, which the freshness of the subject affords, in endeavouring to arrive at some idea of what are the acceptances of pathologists themselves on the subject. Many of our most able pathologists preserve in their systematic works a not unwise silence on their views as to the exact scope of pathology. Any utterance of theirs which may be extant is in no readily accessible form. Of such men are Paget, Billroth and Virchow. Others on the other hand are found who prominently give no uncertain voice to their ideas.

Cohnheim, whose work must be taken as the leading contemporary exposition of the subject as treated in the German school, considers pathology as a generic term, meaning thereby an explanatory science which seeks to discover (1) the causes of disease and (2) to show the inner connection of the phenomena of disease. This latter object of discovery seems to correspond very closely with that innominate quantity of which Dr. Blackley is in search when he says "What remains to be done is to arrive at a just appreciation of the nature of the morbid processes underlying both classes of phenomena," the phenomena he refers to being those of morbid anatomy on the one hand and symptomatology on the other.

ZIEGLER, it will be noticed, styles his speciality Pathological Anatomy, and calls special attention to this when, in comparing the domain of the pathological anatomist with that of the clinical observer, he proceeds to notice the wide gulf between them. One has to do with death, the other with life; one with what has been, the other with what is to be. He allots the task of bridging the hiatus to pathological physiology. This latter term, we may note, in passing, might be objected to by Dr. BLACK, who calls in question Dr. BLACKLEY'S "morbid physiological process." Yet, admitting a possible flaw in nomenclature, pathological physiology seems to convey the meaning suggested without our having to employ a freshly coined word such as Dr. BLACK'S "necrobiology," which may have the merit of etymological accuracy. To return, ZIEGLER holds that the duty of pathological physiology is to bind together the scattered facts of pathological anatomy, which taken singly suggest but little, taken collectively are pregnant with meaning. Hers it is to make sure the link which connects the morbid change with disordered function. Of the latter, symptomatology is but the outward and sensible expression, and we doubt not that ZIEGLER would embrace under the generic term of pathology the extreme left wing, symptomatology.

Of our own pathologists Professor COATS holds pathology to be the scientific study of disease, whereby we get closer to the various forms so as to gain insight into their essential natures. The study is one concerned with morbid conditions, taking account of the causes of disease, of the nature of changes induced in tissues, and of the resultant alteration in function. The three methods employed in the elucidation are experimental pathology, pathological anatomy and histology and clinical observation. For experimental pathology he claims special importance, aiming as it does at the production of morbid conditions in animals (and the homœopath can justly add in man) so as to observe them more closely, especially as they are calculated to give us most trustworthy information as to the nature of disease. He actually includes symptomatology under pathology, for he says of clinical observation, which certainly covers symptomatology in its widest sense, that it is of great importance in the study of pathology, for it deals

with processes occurring in life which are the real subject of such study; that only by careful clinical observation are we able to get into close relation with these processes during their currency. He then remarks, and we know how truly, that clinical observation and pathological anatomy may be taken as mutually elucidating each other.

The latest writer on systematic pathology, Professor HAMILTON, fears no contradiction when he postulates that the pathology of to-day is not determinable merely as a matter of pure morbid anatomy, pathological histology, pathological physiology, pathological chemistry, or clinical medicine, but that these are simply the members of a great body and that they are indissolubly bound together. He contends that a lengthy apprenticeship in morbid anatomy is necessary for becoming an able exponent of the science of disease, and regards the results of clinical observation (or symptomatology) as controlling the combined record of the other members.

Having thus briefly reviewed the ideas of the leading contemporary pathologists as to their acceptance of the term pathology, we find there is almost complete consensus of opinion that symptomatology, or in other words clinical observation, comes well within the pale of pathology, and forms an integral part of the science which must elucidate disease.

Yet another application for pathology, so defined, would we, as believers in the Hahnemannic axiom wish to see, and that is in assisting in the search for the simillimum. There are those among us who are somewhat timorous of venturing beyond the limits as laid down by the founder of our faith in the passages from the *Organon* quoted by Dr. BLACKLEY in his presidential address. As Dr. BLACKLEY has at some length pointed out, we must endeavour in interpreting these passages, as illustrative of the great master's attitude towards everything outside of the "totality of the symptoms," to realise exactly what was the contemporary stage in the evolution of pathology. We find on inquiry that these were the pre-natal days of pathology or rather the pre-conception days. As yet scientific pathology was unborn. What represented it was a mere chaos of conflicting conjectures and fantastic theories. None of these had any foundation on facts, or to put it more accurately on correct deductions from

observed facts. "Little wonder," as Dr. BLACKLEY says, "that Hahnemann, in preparing a foundation upon which to rear the superstructure of his system, preferred to confine himself to what he regarded as the realities of symptoms rather than to ingenious hypotheses as to their cause," and, may we add, preferred to neglect as unreliable and misleading data the then accepted ideas as to morbid tissue changes and disordered function.

Fortunately, however, such an age of error and misunderstanding has passed away, and has slowly given place to the modern era in which physiology and pathology have attained a high state of evolution, founded on a true scientific basis. The self-evident symptoms of disease, constituting Hahnemann's "totality," remain to-day exactly as they were in his day, but we can now with some degree of certainty explain their "*Zusammenhang*" and take altogether a more scientific and therefore more correct view of their meaning, worth and relation to the simillimum. Moreover, thanks to the development of clinical observation, thanks to the invention of the various instruments which give us an insight at will during life into the normal or morbid condition of parts which were a *terra incognita* to the master and his compeers, thanks to the discoveries in symptomatology itself and, more particularly, in the other branches of pathology, we are now in possession of a multitude of additional facts that go to complete the picture of disease, which was but an imperfect sketch when it left the easel of the old master. Now the delineation is more graphic, the details are filled in, lights and shadows are seen. Though still deploring some want of finish here and there, we see the work in a more perfect state than it has ever yet reached.

And are we to make no use of all these later facts and deductions? Are we still to content ourselves with the imperfect sketch when the almost perfect picture is to hand? *Tempora mutantur et nos in illis mutamur.*

The question now naturally suggests itself to us, "Can all this new information concerning disease, brought out by physiology and pathology, be advantageously utilised to establish still further the doctrine of similars"? We contend that it will. We have additional proof of the fact. Examples are crowding thick and fast upon us. To take a single striking one of recent date, we would draw attention

to an article by Mr. JONATHAN HUTCHISON in the April number of his *Archives* for this year on "Arsenic Keratosis and Arsenic Cancer." Ten years ago he drew attention to the fact that *arsenic* induced changes in the skin leading to cancer. The phenomena were treated by his critics as mere coincidences. But in time additional proof of the idea has come to light. Mr. ARBUTHNOT LANE recently showed a patient at the Clinical Society who had taken *arsenic* for 30 years for psoriasis. The patient ultimately became the subject of multiple growths of epithelial cancer. Mr. HUTCHINSON has had a case of a man aged 35, who has had three epithelial growths excised during a period of seven years, all epithelial cancer. The patient was the subject of keratosis of the palms of which the epidermis showed hard spots and patches, with little corns. The first growth occurred in the palm near a digital cleft, and two others occurred in the scrotum. The history shows that as a young man the patient took *arsenic* in large doses for acne. Not long after leaving off, little wart-like indurations appeared in the scalp. followed by corns on the palms of the hands. Ten years after leaving off *arsenic* one corn assumed malignant growth. It was excised. Six years later a second appeared, and recently a third. A case is also reported from Turin, where kerato-dermatitis followed the continued use of Fowler's solution for four years.

As homœopaths we can all testify to the beneficial action of *arsenicum* in malignant disease, but, hitherto, provings and recorded pathogenetic effects have not furnished the drug picture in its entirety, and its completion is now attained through the acute observations of one of the other school.

Many other such striking facts are to be gleaned from current literature. Only the time and talent is wanting to marshal the facts in proper array for ready access and use. Such work has already been done by the *Cyclopædia of Drug Pathogenesy*. But the age is a progressive one, and we cannot expect frequent editions of that extensive and admirable work.

We must be up and doing, proving new drugs, reproving old ones, making careful clinical observations in disease, following out pathological processes; and in all these we must call to our aid the latest and most

approved methods of clinical, physiological, chemical and pathological research that we may become more accurate and proficient in the discovery and use of the *simillimum*, and, with our results, raise the siege so long maintained against us by our friends, more frequently designated foes.

COLLECTIVE INVESTIGATION.

The attitude of mind which permits the feeling that "that which has been must be," is a bar to progress in any departure of science. This is true in the sphere of homœo-therapeutics, stable compared with other branches of medicine though it be. We are too much in danger of resting upon our oars and of remaining content with laurels already won. There can be no doubt that the method of Hahnemann 20 or 30 years ago, was superior to orthodox practice in every department in which medicinal agents had a place; moreover there was and is accessible evidence of this fact. In the minds of those who have learned through years of gratifying experience to trust their remedies, similar confidence in the superiority of homœopathy exists at the present day.

But we are not all veterans. The questionings of enquiring minds deserve to be met and the confidence of those weak in the faith requires to be strengthened.

The past generation cannot do this for us. Times and methods change—if not with us, with our opponents. Are we still ahead of them? To what modern statistics can we refer ourselves to answer this question? The present generation must provide this much desired information.

The British Homœopathic Society appears to have realised this, and in discussing the question and manner of making collective investigations, is taking the first step towards what should be, and we hope will be, one of the most valuable collections of the century. As to the details of this work we need not repeat ourselves. During the years 1889 and 1890 frequent reference was made to it in our pages. Much of the success of the undertaking will depend on the unitedness of the members of the Society in co-operating. It cannot be too much deplored that men well able to contribute to the common-weal stand aloof. They are "too busy," or too

un-literary, or, may we add, not sufficiently unselfish and public spirited. Is it not forgotten by many of our number that our fraternity is not as is the large, powerful, and wealthy dominant school? Their scientific and teaching centres investigate new and obscure subjects, and give forth authoritative statements for the acceptance and guidance of the rank and file. We possess no such centres, and can only advance our cause by the combined action of the whole of our members. The Society has seldom undertaken a more interesting or more important work, and we trust that no half-hearted reception of the proposal will mar its success.

ON RELAPSE IN SCARLET FEVER.

By Dr. JOHN MURRAY.

THE following case of scarlet fever is of sufficient interest to be placed on record, on account of the rarity with which relapse in scarlet fever occurs. So far as I have been able to examine the literature of our school, I have not found one case recorded; and in the literature of the old school there are very few cases. Quain's *Dictionary of Medicine* mentions the fact that cases have occurred, but gives no details. Two very interesting cases were reported in the *Hospital Gazette* of February 3rd and 10th of this year; and these present several points of resemblance to the following case.

CASE.

C. L., girl, æt 6, was seen on July 2nd. Two days previously she had shivered, complained of headache, and shown other febrile symptoms, for which her mother had given *aconite* and kept her in bed. On examination the tongue was found to be coated all over, the throat sore and considerably inflamed and swollen. A rash punctate generally was found distributed on the trunk and limbs, and was of a well marked scarlatinal character. The patient was removed to a semi-private ward in the public sanatorium; here she passed through a typical and uncomplicated attack of scarlatina simplex; convalescence was uninterrupted though a little prolonged, the desquamation proceeding rather slowly. All went well until August 7th, the 38th day from the commencement of the attack, when I was summoned early in the

morning to see the patient; she had passed a restless and all but sleepless night, and she had been several times sick; the tongue was thickly coated with a yellowish white fur; the temperature was 103.8; the pulse 130. At the evening visit it was found that the temperature had slightly fallen, and the vomiting ceased; still great headache was complained of. Nothing, however, characteristic was observed, and, there being evidence of considerable indiscretion on the part of those in attendance, with regard both to diet and to general management, the condition was ascribed to chill.

The next day, August 4th, the temperature was 104.2, the pulse 140. A rash of a scarlatinal character was found on the neck, chest, and arms; extremely foul tongue, great pain on swallowing; fauces very much inflamed; glands of the neck much infiltrated; symptoms all pointing to a profound attack of scarlatina. *Aconite* and *belladonna*, which had proved sufficient for the early attack, were again given, without however exercising very much apparent influence; the temperature ranged from 102 to 104.6, the pulse from 112 to 140 during the first week of the relapse, ending the 14th of August. On this date, there was a satisfactory defervescence, which continued until the 18th August when it was 99.8; and, although a second attack (generally said to be in inverse ratio to the severity of the primary attack), the symptoms, though severe, were uncomplicated, and we began to think that the patient was to be as fortunate in her relapse as she had been in the primary attack. In this, however we were soon disappointed; the temperature again rose; the swelling of the tonsils and fauces increased, with an abundant secretion of sticky mucus, very fœtid in character and difficult to expectorate and requiring the frequent use of the throat spray. On examination of the chest, there was evidence of considerable bronchial catarrh, and a small congested patch was found at the base of the right lung. There was now a copious coryza excoriating the nose and lip, thin and watery and having a very disagreeable odour; the infiltration of the cervical glands was now very marked and a slight deafness, of which the patient had showed some signs, now became much worse, and she could only hear when spoken to in a loud voice. Pain was complained of in the ear, and a slight discharge

followed, and the deafness was then complete. The temperature had been gradually getting higher, until on the 21st, the end of the second week of the relapse, it was 103. From this date the difference between morning and evening temperature was of that extreme nature so characteristic of septicæmia; and, accompanying this the mental condition which had been quite clear became clouded, and the countenance lost its brightness, the patient being generally listless and unwilling to be disturbed. In fact a typhoid condition ensued and persisted until the 2nd of September, the 27th day of the relapse and the 65th day from the original attack, when the little patient died from general exhaustion and syncope.

Treatment:—A condition of toxæmia extending over a period of 27 days would, it will be readily admitted, present a great variety of symptoms, calling for a corresponding variety of drugs selected as far as possible from a consideration of the totality of these symptoms at each successive stage.

Of these drugs the following may be mentioned:—

Aconite.—There is a distinct fallacy in many of our books with regard to the administration of this remedy, namely—*aconite* must be given early. Now, although we readily admit that its sphere in the treatment of scarlatina is much more limited than, for instance, *belladonna*, yet both early and at other times during the progress of the case it was given, whenever its characteristic symptoms appeared, namely restlessness of mind and body, frequent sighing, and apparent anxiety and foreboding.

Belladonna.—This remedy covers vastly more ground and presents a picture more completely answering to my patient's condition. The skin as well as the buccal and pharyngeal mucous membrane were found to be intensely inflamed, the latter being devoid of moisture, and water giving no relief, but seeming to increase the gluey nature of the saliva. The tendency also of the subjacent tissue to undergo rapid and violent inflammation, together with the neurotic symptoms—the senses confused, drowsiness, short sleep disturbed by starts—pointed unmistakably to this drug, and its administration proved very beneficial.

Rhus Tox.—This remedy was indicated by the following group of symptoms which supervened later:—The skin became rough and harsh; there was considerable itching; the patient complained much of aching of the limbs, rheumatic in character; the fever was unaffected by the full eruption of the rash; and the cervical glands were much infiltrated.

Bryonia.—This remedy is most frequently called for during the invasive or eruptive stage, particularly when the rash is suppressed and the characteristic headache of such a condition is present. In the present case there was no need for Bryonia, as the whole process in its early stages seemed to be unusually rapid; but, when some bronchial catarrh supervened, together with congestion of the lung, it was administered to meet this complication.

Lachesis.—The throat symptoms became worse; the fœtor of the breath suggested a putrid ulcerative process; the heart's action seemed so enfeebled as to threaten cessation; and the mind was in a complete stupor. This medicine was therefore prescribed and with beneficial results, which however were, unhappily, not lasting.

Ailanthus.—*Ailanthus*, which has so many points in common with *lachesis*, was also given, particularly when the bowels became loose and the stools became watery and offensive, and passed with the urine unconsciously.

Other remedies were given occasionally or in alternation with those specified, but without exerting more than a temporary influence upon the diseased process.

Auxiliary Treatment.—From the first day of the relapse, tepid or cool sponging was ordered several times a day; the abdominal compress and a cold pack of the whole body were also used; and these always seemed to comfort and soothe the little patient. Food was given regularly, but with much trouble, owing to the difficulty of swallowing and the semi-conscious condition of the child. Stimulants were given in the later stages in the form of brandy in milk or water and sometimes a little wine.

Remarks.—The question whether this was a case of infection from within or re-infection from without naturally arises, *i.e.*, whether it was a recrudescence of the first infection, or whether it was a re-infection. I am of opinion that the latter theory best satisfies all the

conditions. Unfortunately, the arrangements of the Institution did not permit of the removal of the patient from the ward—the only semi-private one—in which she had been placed; and as fresh cases were from time to time being admitted into that ward, the atmosphere evidently became loaded with disease-germs, and these disease-germs, in my judgment, were the immediate cause of the relapse. This theory finds confirmation in the fact that though the mother of the child had nursed her during the early stage of the first attack without contracting the complaint: yet, on returning to perform a similar service after the relapse had taken place, she developed scarlatina in about a week. This was also the case with the nurse who was called in to take the mother's place. My conclusion, then, is that the atmosphere was infected, and this fact may, I think, serve to explain why second attacks generally occur in the wards of fever hospitals and not in private houses.

Folkestone, November 1st, 1894.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. Washington Epps.

The second series of these consultations began on October 3rd, and cases have also been shown on October 19th and November 2nd. A country practitioner having suggested that the day of the consultation should be changed from Friday to Thursday, enquiry was made as to whether this could be managed, but it was found that the board meetings and the building and nursing committees were held on Thursdays. As several members of the staff have to attend these meetings, it has been decided to continue the consultations as before, on the first and third Fridays in each month, from October to July, at 3 o'clock.

The following are some of the cases shown:—

Case I.—*Exostoses on both elbow joints.*

Dr. Byres Moir showed this case. The patient was a young woman of 17, who, six years previously, had noticed a small tumour the size of a small marble, situated just below the bend of each elbow on the inner side. The swellings had gradually increased in size.

Past history.—Patient did not begin to cut her teeth until after twelve months, and for nine months lay in a semi-comatose state and wasted very much. She afterwards gradually recovered. At nine years she had scarlet fever, and was said to have kidney trouble.

The patient had an exostosis on the anterior surface of the head of each ulna, probably at the junction of the epiphysis and shaft, which growths were symmetrical and appeared almost together. She had had swellings on both shins two years ago, these had disappeared.

Dr. Byres Moir considered the swellings exostoses, and was giving *Hecla lava* 2x, as he considered the tumours similar to splints in horses, for which *lava* had proved useful. Messrs. Dudley Wright and Gerard Smith thought the growths enchondromata at the line of the cartilage; they did not advise any surgical interferences as there was fair movement of the forearms. Dr. Johnstone thought the case unique, the growths being bilateral and symmetrical.

Case II.—*A tumour of the cheek.*

Dr. Epps showed this case. The patient was 29 and had a soft swelling on the left cheek. Her mother had noticed a swelling on her daughter's cheek when she was only three weeks old. Patient had lately wasted.

The tumour had a soft spongy feel, was situated just below the left malar bone, was painless, free from tenderness, had lately increased in size and always swelled up in cold weather, with excitement and a few days before the catamenia, which were regular and free from pain.

The patient had been attending Dr. Epps' clinic for two months, during which time the tumour had increased in size. She had been taking *thuja* 3x, *kali bromid.* gr. iii., *ac. fluor.* 12x, *silica* 6.

The tumour was diagnosed as a nævo-lipoma, and treatment by electrolysis advised.

Case III.—*A new-growth on the face.*

Dr. Mac Nish showed this case, which was attending Mr. Dudley Wright's clinic. The man, aged 53, was attending for facial paralysis of three years duration. He had also a growth on the left malar bone just in front of the ear. About a year ago, he irritated the left side of his cheek with a comb, half an inch in front of the ear.

There was now a circular mass, raised, tuberculated, edge rolled over, of jelly consistence, without actual ulceration. There were one or two patches of clotted blood on the growth, only occasional pain and no enlarged glands in the surrounding parts. The meatus of the ear free. The treatment had been *kali bichr.* 3x. After taking this drug for a week there were signs of suppuration in the growth, pus exuding through small openings. In addition *thuja* was used as a paint. At the consultation, there was a difference of opinion as to the nature of the growth, nine members were in favour of epithelioma and three of rodent ulcer. All advised removal, which was done the following week. The result of the operation and the microscopic appearance of the growth will be given in a future number of the *Review.*

CASE IV.—*A tumour on the back.*

Mr. Dudley Wright showed this case for diagnosis and treatment. The patient was a woman, aged 57, without any special history.

The tumour was first noticed about five years ago after a violent strain. It had grown slightly since then. It had been punctured four years previously but no fluid escaped. There were also four steatomata on the scalp. The swelling was about the size of half an emu's egg, 11 by 9 centimeters, situated over the triangular surface above the spine of the left scapula. There was apparently distinct fluctuation. The tumour was made very tense by abduction of the arm, the trapezius contracting over the tumour and constricting it, so that it appeared divided, by the muscular fibres, into three parts. Adduction, *i.e.*, contraction of the pectoralis major, caused the tumour to become slack and the feeling of fluctuation very marked. The tumour was dull on percussion, and could be pressed upwards until it was entirely above the edge of the trapezius. There was no pain nor redness, but only an uncomfortable feeling.

The diagnosis was divided between a cyst and a lipoma, about equally. The treatment, removal.

Dr. Burford considered the tumour a congenital cyst, situated in the cellular tissue, and *not* under the muscles.

Drs. Day and Epps thought the tumour a lipoma.

Dr. Dudgeon: "A benign, encysted tumour."

Dr. Johnstone: "A cyst containing fluid, situated *below* the plain of the muscles, under the two rhomboids

and the trapezius. Probably a congenital tumour or enlarged bursa of the subscapularis."

Mr. Dudley Wright: "Not a sebaceous cyst nor a cold abscess. A congenital cyst beginning in the neck, of a hydro-colloid character, having the two rhomboid muscles *over* it."

After the above opinions had been expressed, a medium-sized trocar was thrust into the centre of the tumour, and no fluid appeared. Dr. Burford and Mr. Dudley Wright still continued of the same opinion, the latter explaining that he had seen a cystic tumour tapped without fluid appearing. the trocar pushing the cyst wall before it and not penetrating the cavity.

It will be interesting to see the result of the operation, which will be given in a later report.

Case V.—*An obscure heart case.*

Dr. Murray (of Folkestone) showed this case and gave the following particulars. The patient was a native of Barbadoes, who came to England 15 years ago. He was 39, a carpenter, and had had good health until quite recently. He first consulted Dr. Murray in July, when he complained of a noise in his chest which had then continued for about two months. On enquiry he remembered that a year before he lifted a very heavy weight, which produced a feeling of tightness and oppression, but of which he took no further notice.

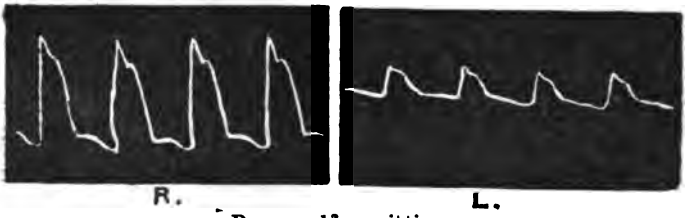
The patient was a strong powerful negro. The chest was normal in all respects with the following exceptions: The cardiac dulness was increased upwards. The apex beat was slightly above and inside the left nipple. Pulsation of both subclavians could be very strongly felt, and was most marked on the right side. A thrill could be felt all over the front of the chest, most on the left side.

The first sound, at the apex, was of a dull muffled character; traced upwards it became harsh, and over the right subclavian it became rough and rasping.

The second sound could be heard all over the chest, more front than back, as a loud musical note, loudest in the third left space near the sternum. This was the sound complained of by the patient, and it could be heard without the stethoscope, and with the ear six inches away from the chest wall.

The man did not complain of anything else. He walked up the three flights of stairs at the hospital without much difficulty, and after a brief rest had no dyspnœa.

The accompanying sphygmograms show the character of the pulse. They were taken by Dr. Dudgeon, after the patient had rested for about an hour. The tracing of the right pulse is a very good one, but the left is less satisfactory, as the radial artery was deep down and difficult to reach.



Pressure 1¾ oz. sitting.

Pulse 72, a typical water-hammer pulse of Corrigan. The murmur was distinctly post-systolic, and heard loudest at the base.

The general consensus of opinion was that the patient, in lifting a heavy weight a year previous, had ruptured one or more of the aortic valves, and that this allowed regurgitation and caused the loud murmur. Compensatory hypertrophy of the heart had followed, so that the defective valves caused very little inconvenience apart from the murmur. It was, however, feared that in the near future patient would have serious cardiac trouble.

Dr. Roberson Day mentioned two similar cases in his practice which occurred suddenly after violent exertion. He suggested *cactus* as the most appropriate remedy.

SOME CATHETER CASES IN OLD MEN.

By T. D. Nicholson, M.D.

When called to a case of retention of urine in an old man, there is a feeling of satisfaction in handling the catheter that one does not often experience in writing a prescription from the knowledge that the patient will be

speedily relieved of his pain and distress. But the satisfaction is modified in a few days should either hæmorrhage or cystitis supervene, and the pleasure gives way to pain when the end comes after much weakness and suffering.

I will relate a few cases which show well the difference in patients whose symptoms seem at the outset to be more or less similar.

Case I.

H. J., æt 80, a stout, florid country gentleman, who had chronic albuminuria and winter bronchial attacks, sent for me in the middle of the night of 24th April for retention. He was soon relieved by catheter, which was duly repeated for a fortnight, and then under a course of *strychnine* he recovered control of his bladder. The urine was very profuse at first, but became more scanty and dark in a few days. There was no smell nor evidence of cystitis, and the water seemed perfectly normal, except that it contained a small quantity of albumen which it had done for several years, and micturition was frequent from enlarged prostate gland.

Case II.

H. C., æt 84, a tall old man with weak digestion and constipation. On 17th August, 1893, I was sent for as his constipation was more obstinate than usual, and had not given way to enemata and free doses of *cascara*. He was prostrate and had constant hiccough. The abdomen was much distended and rather tender. I ordered *nux vom.* 1x and a dose of *ol ricini*. The symptoms were somewhat relieved after the bowels acted, but the distension remaining I gave *lycop.* instead of *nux*. On 23rd I manipulated the abdomen with more freedom, and discovered a firm swelling in pelvic and left iliac regions, which felt more like a tumour than a distended gut. The urine was reported to be passing freely, frequently and involuntarily. To clear up the diagnosis I passed a catheter, and was not surprised to see a large quantity of urine run out quite normal in appearance. The pelvic and iliac swelling entirely disappeared, and thus any anxiety about a tumour was dissipated. The bladder soon filled up again, very little being passed, except through the catheter night and morning, but

the other symptoms were entirely relieved. As his strength was failing, I ordered *digitaline* and *strychnine*, three milligrams of each during the day, which suited him well, and his pulse steadied under their administration. About a week later the urine became rather thick and fœtid, and I ordered *benzoic ac.* 1x in addition to the tonic. There was afterwards dysuria—most painful at the end of micturition, the last drops being very purulent. The *acid* was then changed to *cantharis*, with some improvement, but in another week I found it necessary to resort to irrigation, using about 5 oz. distilled water with 2 per cent. *boric acid*, allowing it to run out and then repeating it. This was done daily after each catheterisation, and by this time a good quantity of urine was passed spontaneously. This was entirely successful, and in six weeks' time I had the satisfaction of going for my holiday and leaving my patient in the hands of a friend with nothing worse than dyspepsia and some weakness. However twice after this the irrigation had to be repeated, and six weeks later he finally recovered his former strength. He has never had an attack since, and the *digitaline* and *strychnine* have been persevered with from time to time with excellent effect.

In contrast with these two cases, who did well and still remain in good health, I will relate two more recent ones.

Case III.

A. H., æt 86, I saw on 1st September. He looked a feeble old man, but his history was unexceptionable, and he had had no serious illness all his life. He lived down by the sea, in a beautiful climate, and had spent a great deal of money to make his home both healthy and comfortable. I have heard subsequently, however, that the drains were out of order. He would not confess to feeling ill, but complained of frequent nausea and loss of appetite. Certainly when I saw him just returned from a drive, he did not look ill. He had a furred and rather dry tongue, and his pulse was feeble, which he said was always the case. I ordered *ipecac* 1x, and saw him again in a week. There was no improvement in the meantime. He had lost strength and his tongue was very dry, and he complained of thirst all day long. I made up my mind that *arsenicum* was the medicine, and was tempted to prescribe symptomatically, but I

was not satisfied with a diagnosis of stomach disorder, and I noticed a smell of ammoniacal urine in the sitting room. I therefore requested an examination in bed. I could find no indication of disease in any organ of the body, but there was evidence of the bladder being enormously distended. The urine was said to pass freely and frequently, and he showed me at least a pint which had been made that day. I inserted with some difficulty, due to a congenitally adherent prepuce, a small catheter, and drew off a large quantity of urine. I promised the old man relief of his sickness after this, and arranged to have the catheter passed daily. The relief, however, was short lived, for at the end of a week the urine was cloudy, scanty, and rather fœtid, so that I resorted to irrigation. The bladder symptoms improved after this, but he never had a natural flow of urine again. He became comatose, and died a few days later without any suffering.

CASE IV.

My last case, W. J., æt 72, had been suffering for some time from frequent nausea and retching with bilious symptoms. When I saw him on 26th September last he had just returned from the seaside and he felt worse than usual. He was then, having lost many pounds weight, very depressed, and complaining of constipation, frequent nausea and furred tongue. He passed urine frequently with some straining, the total quantity being about normal. I examined the abdomen and found no sign of liver enlargement, but great distension in the region of the bladder and extending up left iliac region with hardness. The catheter was passed and a free flow of urine resulted. The bladder collapsed, but some hardness still remained in left iliac region. I prescribed *nux. vom.* 1x, and during the next few days the symptoms greatly improved. The catheter was used daily at first, but later on twice a day, as the distension became painful after 12 hours, and the overflow only passed with much straining. Dysuria succeeded, and the urine became purulent and fœtid. I prescribed *cantharis* 1. The following day the colour was smoky, and I changed to *terebinth.* The bleeding increased and continued for several days. The patient became much exhausted and suffered from restlessness and diarrhœa, with pains in left side of abdomen. He finally sank on 9th October, with evidence of considerable hæmorrhage into bladder.

All the above cases suffered from atony of the bladder from distension caused by the barrier of an enlarged prostate, but how different the results of catheterisation. The operation seemed of no ultimate benefit in the last two cases, indeed in No. 4 appeared to accelerate death, though the evidence of malignant disease must be considered. We may fairly ask the question whether it was necessary or desirable in these cases. Yet the indications were as marked here as in the cases which recovered. The marked distinction in my mind between the fatal cases and the others is this: In the former the symptoms had lasted a long time, the body had become accustomed to the bladder distension, which occasioned but little inconvenience, and there had been gradual absorption of excrementitious material, as evidenced by the constant sickness and debility. The cases which recovered were more acute; the vital powers had not been weakened, nor the body poisoned by long retention of urine, and the remedy was speedy. In the fatal cases the mistake was not in using the catheter, but in the delay, though I am prepared to admit that the instrument may be dispensed with where the patient is very weak.

Probably the commencement of the symptoms was the same in all the above cases—an obstruction to the flow of urine. This in some cases increases so slowly that the resulting distension of the bladder is not perceived, and the only symptom noticed or remembered by the patient is the greater frequency of micturition. He comforts himself with the thought that he is passing plenty of water, and consequently the residual urine gradually increases, and by-and-by the overflow merely dribbles away, and the bladder is stretched to its utmost capacity.

It is better to make a rule, therefore, in old men with any urinary irritation, to examine carefully the abdomen. The prognosis will depend on the length of time the condition has lasted and the existence or not of any signs of poisoning.

ON THE TREATMENT OF PNEUMONIA.*

By CONRAD WESSELHOEFT, M.D.

Professor of Pathology and Therapeutics, Boston University School of Medicine, Boston, Mass.

EVERY year we read in the reports of great assemblies of physicians that "medicine" has made enormous progress. The audiences thus addressed are pleased to hear it and take it for granted, for each member of the audience is impressed, with his own participation with the great progress, and is in it. This progress is readily defined in a few words. Surgery, inasmuch as it is a branch of the art of healing, though it has now almost nothing to do with medicine, has made great strides in the last fifteen years, and has proved the greatest blessing to poor suffering mortals who a few years ago were silently surrendered to death after a long period of suffering. This was all changed when surgery made absolute cleanliness a science, which, as it is still further cultivated, will make surgery still more successful.

But how about medicine proper? Who would not wish that it could share the praise of surgery? But to expect this or to deplore the absence of such praise would be uncharitable in this vastly greater and less explored territory. The progress or, rather, the condition of medicine may be stated briefly thus: Up to the beginning of this century, medical treatment was harsh, not to say brutal, and its results far and wide of what the results of medical treatment should have been or what, in the hands of science, they are to-day. In pneumonia, there were from fifteen to thirty-five per cent. of deaths, as we shall see later on! Why did not physicians and patients see this and change it at once? For the same reason that they did not use the telephone and railroad in the middle ages and much later. Doctors thought they were doing well; they even considered their results as brilliant, when the mortality, especially in pneumonia, receded a few points, to about fifteen per cent. They considered it absolutely impossible for a pneumonic patient to recover unless that pestilential fluid called blood, surging through heart and lungs, were removed, unless those turbulent nerves were subdued by the deadly

* Read before the American Institute of Homœopathy at Denver, June, 1894.

nausea of *tartar emetic*, or the excited brain blunted to the verge of torpor by *opium*. Human experience progresses, but it progresses exceedingly slow. When it once plants itself firmly on a dogma supported by "rational" theories, it will hold its position or perish rather than admit an error. We may call the treatment of pneumonia, as practised up to 1849, wrong, nay, bad and pernicious; but we should not reproach the character of the men who practised it. So it went on to about 1796 and 1820, during which period a schism arose in the medical ranks. Shooting off from the main current of doctors there was a small stream of men who discovered that by using infinitely less medicine under a simple formula or maxim the mortality in pneumonia was reduced from about thirty-two to five per cent. This opened the eyes of a less dogmatic member of the main body of doctors who thought he perceived that excessive use of bleeding and medicine was the cause of the great death rate of pneumonia in hospitals. Being in charge of one of the largest, he prohibited bleeding and largely medicine, so that in the course of ample time and after the observation of very numerous cases (750 cases) he could prove by unimpeachable statistical evidence that the death-rate was thus reduced to about seven or nine per cent., leaving still more than three per cent. in favour of homœopathy. This was Dietl of Vienna, and oh, how his colleagues hated and persecuted him! But habit was conquered by reason; by 1859 little or nothing was heard about bleeding. But it was most reluctantly abandoned, for habit is all-powerful, and sorely were doctors tried by popular prejudice clinging tenaciously to old methods. For in those and earlier days, as old doctors of thought and experience tell us, patients did not send for the doctor that he might act according to his judgment, but he was called to bleed and to purge, and if, in his better judgment, he protested, his peremptory dismissal followed as surely as the funeral of the patient in the hands of a more "tactful" successor.

So the main body of doctors went on the world over. Though everywhere the little stream of homœopathy could be seen to be given off by the main current, and although it proved itself vastly more successful in the treatment of pneumonia and other acute diseases, it did not spread as rapidly as it deserved. The public learns

very slowly or not at all. The fact that very few die under one method of treatment and that a great many die under another, does not reach the public with the full force of statistical evidence. This, though it reaches the profession, is interpreted to suit each one's taste or predilection. Nor is this a mere phrase; for a distinguished teacher of materia medica, Dr. H. C. Wood, has recently said in effect that homœopathy owed its success to the avoidance of medicine. This was particularly apparent when large doses were common in the "regular" practice which, since it has simplified its dosage and pharmacy, no longer is inferior in success to homœopathy. If his words did not mean that, they meant nothing. Yet how strong is the *vis inertiæ*, how much easier to cling to a dogma which is still popular, and more than this, how all-powerful is the force of tradition which with the certainty of hereditary disease transmits its latent character from generation to generation. Thus it is with the habits of bleeding and the use of *opium*, and even so brilliant a mind as Dr. H. C. Wood has not escaped the heredity of the habit, for he says: "I am certain that where our forefathers bled these cases (of frank, sthenic, hard pneumonia,) they saved lives that now we lose. The pendulum is beginning to swing a little toward venesection."*

And all this in the face of the established and admitted success of Dietl. What Dr. Wood means by the pendulum swinging the other way is that other voices besides his own, ever since the more general abandonment of bleeding, have sporadically been heard to deplore it, and their fingers have been seen to grope automatically for the lancet. Unfortunately for them, but fortunately for the public, this is no longer with them. The great public may not always expect a better method of treatment, but it expects something different in accordance with more modern prejudices and fashions: stimulants and *opium*.

This faint but never quite silent cry for the lancet is a most powerful proof of the dissatisfaction prevailing among the more impatient of the dominant school. Anxious as they are to cure their pneumonic patients, they evidently do not succeed according to their hopes.

* "Boston Medical and Surgical Journal," June 8, 1893.

There is nothing in the cry concerning the advance of medical science while they of the dominant faction admittedly lose too great a percentage. They could not know of this unless they constantly but silently and surreptitiously compared their results with those of the younger faction and of Dietl. Dr. Thomas J. Mays, who is Professor of diseases of the chest in the Philadelphia Polyclinic, &c., tells us (Boston Medical and Surgical Journal of June 22nd, 1893) that the percentage of deaths in the Montrose General Hospital is 20%; in the Charity Hospital of New Orleans 20.01%; in the Massachusetts General Hospital 1822 to 1889, 25%; in the Pennsylvania Hospital in 1884 to 1886, a little more than 31%. Deploring these results and doing away with bleeding and medicines in 125 cases, he reduces the mortality to 3.20% by the application of ice at a temperature of 105 and a pulse of 112. Aside from the unreliability in the comparison of small numbers with very large ones, it is plain that it is possible to reduce the mortality of pneumonia by at least 15%, as we shall show presently, by the treatment of the homœopaths, and such others of the dominant school as have dared to profit by inductive research.

At this point we will continue statistical citations from that useful source of information, Dr. John Rogers', "The Present State of Therapeutics." London, Churchhill, 1870.

During the earlier part of the present century the mortality from pneumonia varied from 15 to 35%. Stating figures and facts as briefly as possible, M. Louis lost 30% out of 107 uncomplicated cases under active antiphlogistic treatment. M. Grisolle, using the lancet less freely, lost 16%. Be it remarked in passing that when bleeding was performed during the first stages of the disease, 10% died; if done in the later stage, the mortality was more than 20%. Rosori of Milan treated with large doses of *tartarate of antimony* 648 cases of pneumonia of which 22.06% died. Grisolle treated with the same medicine 154 cases of which 143 died, or 92.8% (not 18.8%, probably an error in figures, Dr. Rogers' work), and Dietl 106 cases, of which 20.7% died. Dr. Lebert of Zurich modified Dr. Grisolle's treatment by diminishing the amount of depletion, reducing the mortality to 7.3%. Dr. Huss of Stockholm in the year 1861

published 2.616 cases treated in 16 successive years, during half of which under vigorous antiphlogistic treatment 11.54°/₀ died; while in the other half 10.21°/₀ died under less vigorous antiphlogistic treatment.

The mortality was subsequently reduced by other physicians to 3 or 4°/₀, chiefly by Dr. Bennett of Edinburgh, abandoning heroic and substituting expectant and restorative treatment.

For the sake of brevity we will turn at once to the cause of the change from a high to a low rate of mortality. This change was undoubtedly due, as Dr. Rogers most forcibly points out, to the results obtained by homœopathic practitioners, particularly Dr. Fleischmann of Vienna, who reported a mortality so small that it attracted general attention. Out of 239 cases he had to record 14 deaths, or 5.85°/₀.

"These results," continues Dr. Rogers in his excellent resume, "obtained by homœopathic practitioners, particularly Dr. Fleischmann of Vienna, suggested to Dr. Dietl the idea of employing the expectant method in the treatment of pneumonia, and it must be confessed that the conclusions at which he arrived and which he published in a work entitled "*Bloodletting in Pneumonia*" (*Der Aderlass in der Lungenentzündung*, Wien, 1849) took the medical world by surprise." Briefly stated, Dietl laying aside the "classic antiphlogistic plan" (of bleeding and *tartar emetic*) and with the exception of a few palliatives, left the disease to follow its natural course, with the result that in 189 cases during the years 1844-6 he lost only 7.4°/₀, and these all complicated cases. In another more extended trial during 1847-50 he treated 750 cases with 69 deaths, or 9.2°/₀.

The lower mortalities recorded above as obtained by Huss, Bennett, &c., all fell into the period of time following Dietl's demonstrations which they corroborated.

Dr. Fleischmann's reports, first giving rise to Dietl's greater tests, relate to the years 1835 to 1848. Subsequently, Drs. Eidherr, Wurmb and Caspar, in charge of the Gumpendorf Homœopathic Hospital and of the homœopathic section of the Leopoldstadt Hospital, during the years 1859-66 recorded a mortality of from 5.85 to 9.57°/₀, while that of the allopathic section of the same hospital was 12.5°/₀

This is a brief statement of results which no doubt

might be changed were the number of cases on both sides equally large instead of variable. As it is, the homœopathic results are at least three per cent. better than those of allopathic expectant treatment, and at least by 11 to 15°/₀ better than those allopathic antiphlogistic treatment.

It is, nevertheless, a matter of dispute as to whether homœopathic treatment is superior to expectant treatment pure and simple, and although this question does not pertain to the line of argument followed in this article, it is interesting to observe the results of comparison from another table of figures furnished by Dr. Rogers (p. 194) According to this, the percentage of all cases reported as having been homœopathically treated is 8.49°/₀, while all cases treated allopathically, *i.e.*, rigidly expectant, moderately expectant, and by medicine and bleeding, yielded 9.86°/₀ of deaths.

Taken separately, the expectant cases resulted in 5.25°/₀ of deaths, the group treated partly by medicine and bleeding resulted in 8.88°/₀ of deaths, and those treated wholly by medicine and bleeding resulting in 16—20°/₀ of deaths.

Leaving out all computation concerning the respective merits of homœopathic and purely expectant treatment, there remains the large percentage of allopathic ("regular" or old school) treatment averaging from 16 to more than 20°/₀ of deaths. The conclusion is inevitable that in the place of the *opium*, *antipyrin* and whiskey treatment of to-day, bleeding and *tartar emetic*, &c., might as well be continued as far as the results are concerned.

And here we are more than forty years ahead of Dietl, who found that by more moderate use of bleeding and drugs the mortality in pneumonia could be reduced to a low percentage; yet how few have ever thought of allowing their patients to profit by such experience when we see the extremely high mortality in the large hospitals mentioned above. It would be begging the question to ask: Why did they not adopt a milder treatment when they saw plainly that their harsh treatment increased the death rate far above what it would have been if the disease had been left to itself? Instead of asking why it was not done, it is only to be said that it should have been done.

If the homœopaths and others can reduce mortality

in pneumonia from twenty per cent. to seven per cent. or less, it is imperative that their methods should be followed. If their greater success is due to avoidance of drugs, bleeding, *opium*, and whiskey, it is the duty of every honest doctor to avoid such measures. If by the skilful use of safe and attenuated doses a still greater percentage is saved, those who avoid and ignore such practice are guilty of criminal neglect in the sense of malpractice, which means that a doctor did not employ a reasonable degree of diligence and skill to the best of his ability.

We might well ask what is the use of progress when real experience does so little good.

To come to a very practical question, How is pneumonia treated to-day?

This cannot be answered by reference to text-books, which from Watson to Strümpel are progressively conservative. Were the treatment of pneumonia conducted according to the general advice contained in such works, it would diminish the mortality greatly. Unfortunately, the enormous and unnecessary mortality of the past decades has created the belief among doctors that the disease itself is unavoidably very fatal. Although they might have known that more died under treatment than without it, human conceit and partisan obstinacy held fast to the fear of the disease instead of the fear of the treatment, foolish and harsh as it was and is. It is only by a few elect, that pneumonia is treated according to the conservative suggestions of text books, while the great majority of the dominant school have adopted a very simple formula: given a case of pneumonia, "hard and sthenic," as such cases often are, with somewhat livid appearance, frequent respirations and somewhat high temperature, or even without any severe symptoms of this kind, the patient first gets antifebrin or antipyrin till his heart beats slowly; as this kind of slowing of the heart and lowering of temperature is dangerous and not of the kind we find in true abatement of fever, the patient next gets stiff doses of whiskey to get the heart and pulse up again. The natural result is that of the whip to the tired horse, a few desperate and spasmodic plunges often end the case, or, if vital resistance persists in continuing the fight, and perchance carrying the day, the patient is fortunate; but he is not allowed to enjoy even this victory of his resisting nerve-energy stored up against a time

of need, for in the struggle he will experience sleeplessness and various kinds of discomfort. These, instead of being overcome by well known and handy simple resources, frighten the doctor into paralyzing the turbulent brain with morphine, thus cutting off the last chance of the energy reserved from that which was wasted in overcoming antipyrin and whiskey, under whose overpowering influence physiological metabolism is interrupted and perverted, nutrition ceases, waste goes on rapidly, and the result is a high rate of mortality. "*Vivat ars medica, pereat mundus*," would be an appropriate motto.

The most appropriate manner of testing the value of current old school methods of treatment would be for a person in perfect health to begin with a dose of antipyrin in the morning, to be repeated every five to eight hours: an ounce or more of whiskey or brandy every two or three hours, and a quarter of a grain of morphine at night. The result would be the infallible destruction of the feeling of good health to be replaced by one of ill health. In less than a day the experimenter would suffer from cerebral torpor, vertigo, somnolence, febrile rise and fall of temperature, nausea, palpitation and general misery. This is precisely what happens to a pneumonia patient under ordinary treatment, and still you marvel at a high rate of mortality. Try your treatment upon yourselves, and your doubts will cease.

But what need you care how low the mortality in pneumonia can be reduced as long as you are bound by fashion and as long as you can uphold each other by superiority of numbers? Of course, you are anxious to cure your patients, but you are bound to do so by following the fashion of thought of your most "eminent" thinkers: a weak heart must be whipped up, an active one must be whipped down. Very likely this will cause the patient's strength to fail, and then you must "rationally" support strength by whiskey; and kill pain by *opium*. Having followed these rules you defy everyone to dispute the rationality of your propositions!

Still, is it not asserted and abundantly proved that the avoidance of such measures reduces your mortality list by twenty per cent. and more? There is no answer. Find it who can. Very likely he will have to seek for it in the stagnant partisanship of human nature.

The whole treatment of pneumonia bringing the best

known results can be summed up in a very few words. Given a good nurse and an airy room of medium temperature, apply a cool, wet compress around the patient's chest, not more than ten degrees cooler than the temperature of the patient. To him who recommends ice to the chest I would only urge that he, while in perfect health, go to bed with an ice compress around any part of his body, and will assure him that he will try it only once, and not very long at that, and perhaps profit so much by this inductive experiment that in future he will not torment his patients with it. Remember that we are to reduce, not to enlarge our death-rate.

Renew the cool (not cold) wet compress as often as it begins to be dry, say once in an hour or two.

A pneumonic patient, like any other suffering from acute febrile disease (not involving digestive organs) should be fed according to his appetite on nutritious liquid food, and should have as much cool water as he desires. In the absence of appetite and thirst, the patient should be moderately urged to eat and drink according to his ability.

All this is comprised in good nursing; and this being given and well directed by the doctor, the pneumonic patient is out of danger, the oil has been poured on the breakers, and the ship will ride out of the storm in 95% of cases, time enough being allowed and no attempts being made to hurry nature. Of course, there will be many tedious nights fraught with discomfort to the patient and anxiety to the friends. Herein lies the greatest danger,—their impatience is imparted to the doctor who, in his turn, either falling in with the ideas of friends or to quiet matters, resorts to opiates and whiskey, *digitalis* or *antipyrin*. It requires no courage to do what everybody expects, but it requires considerable determination *not to do* such things under the conviction that by their avoidance the patient's chances are increased by fifteen per cent. or more.

It is a great mistake to suppose that the treatment of pneumonia (or other serious acute disease) consists merely in keeping the patient quiet. It must be but too evident that this abnormal quiescence after opiates and other anodynes is not so much for the purpose of giving the patient rest, as to keep his friends and relations quiet. In this sense the measure has the sympathy of every harassed doctor whose best efforts are in danger of being

thwarted by the importunities of persons who, while refusing confidence, demand miracles. But neither this nor any other consideration should shake the resolution of the doctor to ward off the danger of whiskey and *opium*.

If good nursing and the avoidance of harsh medication and stimulation will reduce the death-rate to about ten per cent. skilful use of some medicine will take three or four per cent. more from the danger limit. It will do so not only in saving the patient, but in lessening very perceptibly the duration of the stages of the disease from what they would be if left entirely to itself.

By the skilful use of medicines is meant that they should be selected according to some safe empirically established rule, like that of homœopathy, that only very little of such medicines should be given, and that little well diluted (avoiding all exaggerations of dilution) and, lastly, instead of mixing medicines together, but one medicine should be used at a time.

While there is no immediate prospect of the adoption of this therapeutic method by its partisan antagonists, who will adhere to old ways regardless of high death-rates, it is always timely to urge it upon young homœopaths who have not yet learned from experience how patient conservatism and gentle safe medication will do in pneumonia. Hence they are constantly tempted to relapse into the useless and violent measures which they see practised by the majority of doctors.

Under the influence of good nursing and gentle and most conservative medication, pneumonia is not so fatal a disease as pictured in the minds of the majority. In private practice the death-rate should not exceed five per cent., while in hospitals it might be admitted to rise as high as ten; but these estimates are liberal.

REVIEWS.

Common-Sense Homœopathy: Addressed to Non-Medical Readers. By John Murray Moore, M.D., C.M. Edin.; M.R.C.S. Eng., &c., &c. Liverpool: D. Marples & Co. 1894.

Popular guides to homœopathic treatment are legion. We are glad to say that this little book is not one of them. It is intended to explain to non-medical readers what homœopathy

is, and is not. It is, therefore, a purely popular book. There is ample room for such little works. So often we find that even many of our patients, though satisfied practically of the value of homœopathy over the old treatment, do not really understand its principles, and if our patients fail in this respect, how much more outsiders? It is, therefore, of importance to be able to place a short, easily read, clearly written explanation of what homœopathy really means, before the public. Dr. Murray, moreover, has succeeded in writing such a little book, and he has very carefully excluded anything that would render it other than a work specially suited to non-medical readers. He gives a sketch of Hahnemann, and how he discovered the law of similars, and explains what is meant by this. We next have a description of how homœopathic medicines are prepared, showing what an entire absence of secrecy there is in their preparation. He then goes over what he calls "the four-square basis of homœopathy," likening it to a pyramid with four sides, on which are inscribed the four principles. "1. Prove or test every drug on the healthy human being before using it on the sick. 2. Let likes be treated by their likes. 3. Only one remedy at a time, in its most soluble and penetrating form, must be given. 4. The dose which is to cure must be large enough to do good, but too small to aggravate the disease, disturb the patient, or leave any remains of medicinal action behind." These four points are clearly and fully gone into. Dr. Moore then gives scientific proofs that infinitesimals act on the body, which will be very interesting to the public, and explains the increased susceptibility of the diseased body to medicines. Then follows an excellent chapter on the statistics of homœopathic treatment in various diseases. Fifteen excellent cases of different forms of disease are then given, treated homœopathically with success. The little work concludes with remarks on the advantages of homœopathy over the old school treatment, on the best medicines for a family medicine-chest, and those suitable for use abroad, on dietary in illness, and excellent warnings against "imitations, offshoots, and caricatures of homœopathy." These are (1) the "parvules" or "granules" of allopathic chemists; (2) the so-called "dosimetric system;" (3) Schüsslerism; (4) Matteism.

The whole is an excellent popular exposition of what we want the public to know, and which they ought to know, if they wish to consult their best interests. We wish it all success in its object.

The Practice of Medicine, by Wm. C. Goodno, M.D., Professor of Medicine in the Hahnemann Medical College of Philadelphia, etc., with sections on Diseases of the Nervous System by Clarence Bartlett, M.D., Lecturer on Nervous and Mental Diseases in the Hahnemann Medical College of Philadelphia. Vol. I. Philadelphia: Hahnemann Press, 1894.

This is one of the most attractively presented volumes our colleagues across the water have sent to this country, and might—if they will pardon us—do credit to any English firm of publishers. The type, binding, paper and general execution are excellent.

Dr. Goodno's work gives promise in its first volume of being worthy to rank as a standard treatise. It is modern, including diseases so recently studied as acute infectious jaundice of Weil; it is original, practical and reliable. In treatment we are glad to see the old method of writing down a number of drugs in alphabetical order and following the names by a monotonous list of symptoms, copied from one work to another, —is abandoned. Enteric fever furnishes a good example of the author's method. The most commonly useful drug at each particular stage is given on the authority of the writer's experience; for special manifestations or complications similar reference is made to experience. We notice that pneumonia (under the title pneumonic fever) and phthisis are included among the specific infectious diseases—presumably on account of their association with micro-organisms. While discussing "pneumonia in children," we think a warning might advantageously be given that the critical defervescence is frequently accompanied by collapse, which should be watched for and combatted.

Dr. Clarence Bartlett, who has a reputation on both sides of the Atlantic, has done his work as we should have expected—well. We may especially mention a concise but clear chapter on cerebral localization. We hope the second volume will be as successful as the first and will speedily appear. If the author remembers that an ounce of his own experience is worth a ton of someone else's theory or supposition he is sure of success.

Wright's Improved Physicians', Surgeons' and Consultants' Visiting List. Compiled by Robert Simpson, L.R.C.P., L.R.C.S. Bristol: John Wright & Co.; London: Simpkin, Marshall & Co. 1895.

This excellent visiting list for 1895 has, we notice, several important improvements, in addition to its portable size,

the useful information it contains, and the convenient arrangement for writing a list of patients monthly, instead of every week. It is printed on slightly thicker paper, two pockets have been added, also a cash column to each page, and two cash leaves to each month; pages for vaccinations, engagements, and a purse fastener with other minor additions. We hope this truly useful compilation will meet with the success it undoubtedly merits.

NOTABILIA.

ANÆSTHETICS.

We are indebted to Dr. J. Roberson Day, of London, for the following extracts and remarks:—

In the *Therapeutic Gazette* for August, 1894, are some valuable papers on anæsthetics, and are well worth careful perusal. The Report of the Collective Investigation Committee on anæsthetics at Berlin conclusively shows ether to be the safest anæsthetic in use. Out of a total of 51,846 cases,

Chloroform was used in	... ...	32,723 cases.
Ether ,,	... ...	11,617 ,,
Ether and chloroform	... ...	3,896 ,,
Billroth's mixture (*i.e.*, chlorof. 3, alcohol i., ether i.	... ...	750 ,,
Bromide of ethyl ,,	... ...	2,769 ,,
Nitrum oxide ,,	... ...	91 ,,

Of these cases 20 were fatal, and 17 of them from chloroform.

Adding these results to the cases of the previous year, the totals were 163,493 administrations, with 61 deaths, and the mortality was—

Chloroform	1 in 2,655.
Chloroform and ether	1 in 8,014.
Billroth's mixture	1 in 26,268.

In fact, only one death occurred from ether, and that occurred in a case of heart disease. Ether had, therefore, shown itself *ten times less dangerous than chloroform.*

Dr. Silk, writing in *The Lancet* (April 28th, 1894), is of precisely the same opinion, and the Hyderabad Chloroform Commission have not convinced him that "Chloroform anæsthesia is free from risk." He places ether second only to nitrous oxide in safety. "It has been urged, is it not better that a man should administer an anæsthetic with which he is familiar, rather than attempt to give one requiring more skill than he can pretend to, and for the proper adminis-

tration of which constant practice is necessary? When the services of others possessing the necessary skill and practice are not available, this may possibly be accepted as an excuse for the individual."

Attention is next called to the maladministration of anæsthetics—"if we could bring ourselves to admit that the induction of anæsthesia is a comparatively trivial matter, there would be no objection to relegating the duties to unskilled and youthful assistants; or, for that matter, to the nurse or even the coachman. But all the facts point against this way of looking at it, and, on the contrary, concur in inducing us to think that in any surgical operation the position of the anæsthetist is second only in importance to that of the operator; in fact, for the time, the responsibilities involved are sometimes even greater."

Reference is made to Mr. Christopher Heath's presidential address before the Clinical Society (January 25th, 1889), in which he speaks of the "exaggerated slowness of modern surgery." "It has sometimes appeared to one that the operator has had such flattering confidence in his anæsthetist as almost to forget his very existence."

The difficulty of abolishing "shock" is dwelt on, and the many and various causes to which it is attributable.

Mr. Heath, in his address, lays great stress on the careful dieting and preparation of the patient beforehand, and advises an enema of hot beef tea half an hour before the operation if it is likely to be a long and exhausting one. The anæsthetic is often blamed when really the fault consists in the want of preparation of the patient.

We would fain quote more of this excellent and practical article, but space forbids, and we can only refer the reader to the original. Our experience at the London Homœopathic Hospital exactly bears out these conclusions. There the patient is always carefully prepared for operation, and, whenever possible, ether is used as the anæsthetic. Unconsciousness is first induced by that safest and most pleasant of all anæsthetics—nitrous oxide.

The average time taken to induce anæsthesia by this method is about three minutes, and the anæsthesia has been maintained in prolonged cases between two and three hours.

Patients taking from twenty minutes to three-quarters of an hour to get under—referred to in the article—*never* occur by this method.

HAHNEMANN AND THE HAHNEMANNIANS.

"The antidotal relations between crude drugs and their potentized form, or the treatment of artificial diseases, is

occupying more or less of the attention of the profession just now. Some believe, some doubt, some ridicule the idea of a high potency of a drug antidoting the effects of the crude drug. A few there be who have put it to the test as Hahnemann directs, and the results have shown that it is true that the law of *Similia* is universal and infallible."—(Dr. A. W Holcombe, in *Homœopathic Physician*, July, p. 217.)

"Bear in mind that anyone who undertakes the treatment of a chronic disease must always have the allopathic prescriptions previously used before him; so that in his treatment he may avoid giving those medicines which the allopath has already given before in large doses, *e.g.*, sulphur when this has previously been given to excess, natrum when much seltzer water has been drunk, and magnesia muriatica when the patient has taken too many sea-baths." (Hahnemann, cited in *Homœopathic Recorder*, July 15th, p. 322.)

CONTRIBUTORS FOR 1895.

The following gentlemen have expressed their willingness to contribute to our pages during 1895:—

Dr. Alfred Pullar.
,, Brotchie.
,, W. Wolston.
,, Percy Wilde.
Mr. Dudley Wright.
,, Knox Shaw.
Dr. Byres Moir.
,, A. Alexander.
,, Edward Blake.
,, S. P. Alexander.
,, W. Epps.
,, W. Theophilus Ord.
,, J. G. Blackley.
,, F. U. Clifton.
,, T. G. Vawdrey.
, Cash Reed.
,, A E. Hawkes.
,, James C. Pincott.
,, P. Proctor.
Dr. George Black.
,, Charles H. Blackley.
,, Fred. Neild.
,, George Clifton.
,, Ed. M. Madden.
,, J. D. Hayward.
,, Edmund Capper.
,, Gerard Smith.
,, D. MacNish.
,, Edgar A. Hall.
,, Percy Capper.
,, G. F. Goldsbrough.
,, Frank H. Shaw.
,, John W. Hayward.
,, J. Gibbs Blake.
,, Lambert.
,, Burford.
,, Carfrae.
,, J. R. Day.

PICROTOXIN IN THE NIGHT-SWEATS OF PHTHISIS.

In his numerous studies on the glucoside *picrotoxin*, De Amore has employed the same in 45 phthisical cases in doses of 0.0005 gramme and compared its action with *atropine*. In 15 cases in which there was great debility and profuse perspiration, *atropine*. in two doses of 0.0005 gramme each in 24 hours, produced not the slightest result, whilst two to

four doses of *picrotoxin* in the same period, continued for several days, prevented the development and recurrence of profuse night-sweats. In 20 less severe cases in which, however, the perspiration was very profuse, *atropine* produced a partial relief of the symptoms, whilst the employment of *picrotoxin* wholly relieved them. In the remaining 10 cases in which the general condition was satisfactory and the perspiration not very profuse, both drugs were identical in their action.

The differences in therapeutical action are traced to the different physiological effects of the drugs. *Picrotoxin* causes a contraction of the vascular lumen by its action upon the medulla oblongata, and so may cause a diminution of the secretions which are due to a reflex paralysis of the vasomotoric nerves in advanced stages of illness. On the other hand, *atropine* can only effect a favourable influence by its compensating action upon the secretory nerves in an excited condition.

POISONING BY COPPER SIMULATING CHOLERA.

"A PATIENT suffered from severe diarrhœa, vomiting, and cramp in both legs. There was abdominal tenderness, thirst, rapid weak pulse, thin dirty watery motions, anxious expression of face, but not the bluish pinched face of cholera; the skin was cold and damp. There were two others in the house suffering from pain and vomiting only. All three had partaken of damson jam the evening before. On testing the jam copper was found in rather large quantity. Its presence was owing to defect in the tin plating of a copper preserving pan. The copper in this case is more easily acted upon than the ordinary copper pans."—*British Medical Journal.*

PATENT MEDICINES ON THE DECLINE.

THE report of the Board of Inland Revenue for the year ending March 31st, 1894, shows that the decline of the patent-medicine trade, as evidenced by the statistics furnished as to the number of medicine stamps sold, is still in progress. In the year ending March 31st, 1892, the value of the medicine-stamps sold reached the highest point it has ever touched—namely, £240,062, representing 88,409,920 three-halfpenny stamps. The drop occurred in the succeeding year. The value of the stamps sold in the year ending March 31st, 1893, was £220,325, equivalent to 85,252,000 three-halfpenny stamps. The further fall during the past year is much smaller, but it is large enough to be significant. The amount realised from the sale of medicine-stamps in the year ending March 31st, 1894, was £213,210, which would account for 84,118,600 three-halfpenny stamps.—*Chemist and Druggist.*

A "SCARE-HEAD."

Such is the definition given to those marvellously sensational descriptions often announcing articles in the American newspapers. Our contemporary, *Medical Reports*, has recently brought to light one of the most vigorous titles of an article in a medical journal we remember seeing. A Dr. Cunningham contributes an article to the *Texas Health Journal* having the following title:—

"The Amazing Infatuation of the Texas State Medical Association in Pompously Parading its Appalling Ignorance of the First Principles of Sanitary Legislation; and its Unbounded Cheek, and Unmitigated Gall in Presuming to Instruct Congress in the Proper Performance of its Duties—Succinctly Set Forth."

OBITUARY.

JABEZ P. DAKE, M.D.

It is with a deep sense of sorrow at the loss of one of the brightest ornaments of the medical profession in the United States of America that we inform our readers of the sudden death, on the 28th of October, of our friend Dr. Dake, of Pittsburg.

Jabez Percy Dake was the son of Dr. Jabez Dake, and was born at Johnstown, N.Y., April 22, 1827. Having taken the degree of M.D., he proceeded to the study of medicine, becoming a pupil of Dr. Reichelm, of Pittsburg, and subsequently entered at Union College, Schnectady, since known as Albany Medical College, Albany, N.Y., where he graduated M.D. in 1849. He continued his medical studies at Geneva College, N.Y., which 26 years afterwards became merged in the Syracuse University, Syracuse, N.Y. Shortly afterwards he entered on a course of study at what is now known as Hahnemann Medical College, Philadelphia, at the conclusion of which he graduated M.D. there also. When studying at Geneva Medical College Dr. Dake distinguished himself by reading a paper in support of homœopathy before the students of his year. After graduating at Hahnemann College he settled in Pittsburg, where he became the partner and, in two years, the successor of Dr. Reichelm, with whom he had served his pupilage and who at Dr. Constantine Hering's solicitation, had, in 1837, crossed the Alleghenies and settled in Pittsburg, there remaining, the solitary professional exponent of homœopathy, for ten years; quietly enduring an immense amount of contumely, and, at the same time, building up a large practice and a considerable reputation. During the first year of Dr. Dake's residence in Pittsburg, a Dr. King

published some most unjust criticisms on homœopathy in one of the local newspapers. This article called forth a challenge from Dr. Dake to meet the author before a public assembly in which he undertook to sustain the following propositions:—

1st.—That *similia similibus curentur*—like cures like—is the fundamental law in medicine.

2nd.—That the medicinal powers of matter can be correctly ascertained in no other way than by the vital test—the trial of drugs on the healthy.

3rd.—That the doses employed in homœopathic practice are efficient.

This challenge Dr. King at first received in silence, but an article in the *Pittsburg Daily Dispatch* expressing "regret that Dr. King had declined even to notice the invitation of Dr. J. P. Dake to discuss the principles of the homœopathic and allopathic systems of medicine," aroused him, and he accepted the challenge provisionally on a considerable alteration being made in the terms of one of the propositions. This was followed by a correspondence extending over ten days, when Dr. Dake was informed that unless he consented to the alteration he need not reply. Four months later Dr. Dake renewed the challenge, and again some few letters were exchanged by Dr. King and Dr. Dake, when the former bluntly "dismissed the subject." The correspondence was published in the *Philadelphia Journal of Homœopathy*, and remains an historical illustration of a cunningly devised and determined evasion of a challenge, which was too hastily accepted by one who knew his incapacity to demonstrate the fallacy of the propositions Dr. Dake had undertaken to support.

Dr. Dake's literary instincts, his earnestness in endeavouring to promote the development and extend a knowledge of homœopathy did not allow him to permit his energies to be wholly absorbed by private practice. In 1852 he joined the editorial staff of the *Philadelphia Journal of Homœopathy*, while during 1855 and 1856 he spent the winter months in Philadelphia lecturing at the Hahnemann Medical College on Materia Medica, that department of medical study which never ceased to furnish the greatest interest for him. So early in his career had Dr. Dake impressed his colleagues with a strong sense of his high character, the breadth of his medical learning, his untiring industry, and his zeal for homœopathy that, when but 30 years of age, and only a member of four years' standing, he was elected to fill the post more coveted than any other among the homœopathic members of the medical profession in the United States, of President of the American Institute of Homœopathy, when it

met at Chicago in 1857. In 1860 he became one of the editors of *The United States Journal of Homœopathy*, a high-class quarterly medical periodical, one of the best ever issued by the homœopathic physicians of his country. Two years later he gave his assistance to the *North American Journal of Homœopathy*—at that time like the one we have named, a quarterly journal—but unlike it, still flourishing, and, as a monthly magazine, maintaining the high reputation it acquired when appearing at the longer interval. In 1860, he published a work for domestic use on the treatment of acute diseases. While all this literary work was proceeding, his private professional engagements were rapidly increasing, until he was in command of one of the largest and most lucrative practices in Pittsburg. Nature will have her revenge, and will not permit the resources provided for intellectual and anxious work to be so largely drawn upon as they were by Dr. Dake, without exacting the usual penalty. His health accordingly gave way, and he was compelled in 1865 to abandon his practice and seek rest and recuperation by retiring to a farm he had purchased at Salem, Ohio. Recovering his vigour, he went back to practice, and selected Nashville, Tennessee, as his field. Here he settled in 1869, and found homœopathy to be but little known. His success soon made it known, and it was not long ere he was fully occupied. In 1878 Asiatic cholera prevailed in the city, and he threw himself into the fight with it with all his pristine energy and a degree of success that fell to the lot of few, even of homœopathic, physicians. Again nature claimed a respite from so much toil, and he yielded to her demand by spending a year in Europe. On his return home he took an active part in the first International Homœopathic Medical Congress—that held in Philadelphia in 1876. Here he delivered a carefully-studied address, criticising a paper, by the late Dr. Constantine Hering, entitled an *Historical Sketch of the Materia Medica*. Dake's contribution, as it appears in the *Transactions of the Congress*, is entitled *Materia Medica as a Science*. This severely and closely critical examination of the *Materia Medica* used by homœopathists has had an important influence upon the cultivation of therapeutics. It was, without doubt, largely and chiefly through this essay that men's minds were first practically stirred towards the preparation of the *Cyclopædia of Drug Pathogenesy*. Followed by essays in the same direction by Dr. Hughes, by Dr. Yeldham's address at the Leeds Congress on *The Pursuit of Certainty in Medicine*, and by papers read by Dr. Hughes at the British Homœopathic Society, followed by discussions and resolutions making provision for a revision of the *Materia Medica*. The arrangements for the preparation

of this great work were finally completed at the meeting of the American Institute of Homœopathy, held at Deer Park in 1884, when Dr. Dake was the chairman of the Bureau of Materia Medica, and Dr. Hughes was present as a delegate of our own Society. Of the *Cyclopædia*, Dr. Hughes and Dr. Dake were appointed the editors. This invaluable collection of reliable drugs' effects was in due course completed, and has now been in our hands for some time.

The paper read by Dr. Dake in 1876 had another important result, inasmuch as it formed the basis of one of the best expositions of homœopathy in the English language, published by him under the title of *Therapeutic Methods: An Outline of Principles Observed in the Art of Healing.*

As he had done with the epidemics of cholera in 1873, so in that of yellow fever in 1878, Dr. Dake devoted himself to its investigation and treatment. He was a member of the Commission appointed by the President of the American Institute of Homœopathy (Dr. Conrad Wesselhœft) to investigate the therapeutics of the epidemic, and to submit the results to the American Institute of Homœopathy and to the American Congress. The report of this Commission was presented by Dr. Dake at the meeting of the Institute in 1879.

In 1881, Dr. Dake took an active part in the International Congress held in London, contributing to its proceedings an admirable paper, entitled *Drug Attenuation: Its Influence upon Drug Matter and Drug Power;* while in the discussion upon the late Dr. Holcombe's paper on *Yellow Fever*, he gave a most interesting account of his personal experience in the treatment both of it and Asiatic cholera. During these meetings Dr. Dake made many personal friendships here; his thoroughness, earnestness, and fearless criticism, together with the genuine sincerity and amiable nature of his character, were widely felt and appreciated.

In 1885, the serious illness of one of his sons (his eldest, we believe), a very promising young physician, induced him to pay another, and, as it has proved, a final visit to Europe. His son, however, died shortly after his return to Nashville.

About this time, having two sons associated with him in practice, he confined himself to consultation work exclusively, devoting much of his time to the cultivation of art and literature, and to assisting in the intellectual culture of his fellow-citizens. In the Tennessee Historical Society, in the Round Table Club, and the Old Oak Club he took a warm interest. At the time of his death he was actively engaged in promoting the Tennessee Centennial Exposition, a project in which he was deeply interested. He spent the afternoon of Thursday,

October 25th, in examining with his fellow committeemen one of the sites that had been offered for the building of the Exposition; in the evening he was present at a concert, when, just before its close, he suddenly became paralysed and was at once removed to his residence, where he lingered speechless and, with the exception of a few hours, unconscious until Sunday, the 28th, when he died.

Dr. Dake leaves four sons, all members of the medical profession—Drs. Walter and William Dake, of Nashville, and Drs. Frank and Charles Dake, of Hot Springs, Kansas.

The warm esteem in which our deceased friend was held by those who knew him most intimately finds expression in the local newspapers, from which we have gleaned some of the particulars of his career. The *Nashville American*, in concluding a short article upon his public and private life, says:—"His presence among us will be missed; his counsel and advice cannot be supplied, his example will be lost to our community; but his memory will abide with us, and the result of his good works will last throughout time."

The editor of the *Nashville Banner* writes:—"Dr. Dake was a man of high culture, warm social instincts and lofty patriotism. He was a lover of art and took pleasure in all lines of intellectual advancement. He was a lover of the good and the true and the beautiful, and in his life he exemplified those charming traits of character which drew his friends very closely to him. As a citizen he was eminently public-spirited, and was easily interested in any and every enterprise which promised the promotion of the public good. He was always ready, but careful and wise in counsel, and addressed himself to the advancement of worthy public movements without ostentation or effort at self-advancement, but with an earnestness and zeal which bespoke an unselfish desire to be useful and helpful. Dr. Dake well and nobly earned the high position which he held in this community, and his death is generally and deeply deplored."

JAMES KITCHEN, M.D.

Our colleagues in the United States have lately lost the oldest among their homœopathic medical brethren, in the person of Dr. James Kitchen of Philadelphia. Born in that city on the 8th of March, 1800, he died there on the 19th of August, 1894. He took his degree of M.D. in 1822 at the University of Pennsylvania, having in 1819 been admitted B.A. He then travelled in Europe, listened to Laënnec's demonstrations of the use of the stethoscope, studied surgery under Dupuytren and Larrey, and heard the lectures of

Broussais. He commenced to practise in Philadelphia in 1824. In 1836, when, as the *Hahnemannian Monthly* tells us, "suffering from a liver trouble for which old school treatment did him no good, he was induced to try homœopathic remedies. Finding relief from these, he was led to institute a series of experiments with his patients, the result of which gave him such confidence in the new system, as to induce him in 1839, after fifteen years' practice of allopathy, to formally join the homœopathists." He continued in practice, seeing patients at his house, until the summer of 1893, when he became too feeble to leave his bedroom, but up to within a few weeks of his death his mind and memory retained their full vigour and clearness.

It is curious at this time of day, to read of the recent death of a man who, when it was first proposed to light Philadelphia with gas, "signed a remonstrance against its introduction, under the belief that it would poison both the air and water, destroy the fish in the river, and expose the whole city to the danger of destruction from fire and explosion of gas."

Dr. Kitchen joined in constituting the American Institute of Homœopathy in 1844, and was one of the founders of the Homœopathic Medical College of Pennsylvania. He, with Dr. Wm. S. Helmuth, edited the *Philadelphia Journal of Homœopathy*, and was a copious contributor to this and other homœopathic medical journals in the United States.

The writer of the sketch of his career in *The Hahnemannian Monthly* says of him, "Few have been more truly loved or more deeply mourned by friends and patients, and none have more richly deserved such evidence of appreciation."

ALEXANDRE LÉON SIMON, M.D.

We most sincerely sympathise with our French colleagues in the death, last October, of their well-known and distinguished confrère, Dr. Simon, *père*.

Alexandre Léon Simon, born in 1823, was the son of Dr. Léon Simon, one of Hahnemann's earliest disciples in Paris, the author of *Leçons de Medecine Homœopathique*, a course of lectures, which, with the discussions to which they gave rise, was published in 1835. The subject of our notice graduated at the University of Paris in 1847. His thesis was entitled, *Comparison des Effets du Mercure sur l'homme sain et des Symptômes de la Syphilis*. A review of this courageous defence and exposition of homœopathy, before the Faculty of the University, by the son of one of the most distinguished homœopathists of Paris, appears in *The British Journal of*

Homœopathy (vol. vi., p. 118). In defending his thesis, M. Simon was attacked by two of the Faculty, M. Barthe and M. Blondin. M. Marchal de Calvi, however, congratulated the candidate on his manner of treating the subject, and expressed a wish that they could have heard a discussion on the question—Is the law of similarity the true and absolute expression of the fact of specificity. He afterwards added, "With regard to specifics and their action, all we know we owe to the works of homœopathists; in those of physicians, commonly called legitimate, from Hippocrates to our own time, we find absolutely nothing." The distinguished physicians of the French school were far in advance of men of the same rank in the United Kingdom. Just imagine the possibility of the late Professors Christison, Syme and Simpson, of Edinburgh, expressing a desire, as M. Marchal de Calvi did, that candidates for the M.D., Edin., would frequently give the faculty an opportunity of discussing such important therapeutic questions as M. Simon had brought before them! Then the mere acknowledgment of an intention to study such questions was, with them, sufficient to induce them and their colleagues to refuse to admit a candidate to graduation! We do not suppose that their successors of to-day are one jot more enlightened, more anxious for further knowledge in this direction, or less desirous to exert their power to the injury of candidates longing to widen their field of knowledge than they were, but happily the 23rd Section of the Medical Act has restricted their power.

Throughout his life, M. Simon has devoted himself with eminent success, to the practice and propagation of homœopathy. He has ever been active both with his pen and his voice. One of his essays, that on *The Homœopathic Treatment of Ascites*, was translated from the *Bulletin de la Société Homœopathique*, and published in *The British Journal of Homœopathy*, vol. xix. It furnished an excellent critical discrimination of the cases of ascites where tapping is essential from those in which medicinal treatment may be most safely relied upon. In 1867 he founded the journal *L'Hahnemannisme* which he edited with the help of Drs. Boyer, Chancerel, Desterne and Jahr. With the assistance of his son, who survives him, Dr. Vincent Léon Simon, he translated Hahnemann's *Materia Medica Pura*, adding to it the 47 pathogeneses contained in the *Chronic Diseases*.

At the Sorbonne, in 1867 and 1868, he delivered courses of lectures on homœopathic medicine; and in 1870 conducted a series of remarkable discussions on homœopathy in the same institution.

In 1870, six months previously to the outbreak of the Franco-German War, he with Drs. Davet, Desterne, Serrand, *père*, Chancerel *père et fils*, Teste, Boyer and Leriche, founded the Hahnemann Hospital, an institution, which, during the siege of Paris, became a receptacle for the wounded. The Hôpital St. Jacques soon followed.

As a physician, he received the confidence of an unusually large and influential *clientèle*. For many years he had held the appointment of Physician to the Queen of Spain, while the appreciation of his character and services were shown by the various decorations that, at one time or another, were conferred upon him, viz., the Grand Cross of the Order of Isabella the Catholic, Commander of the Order of Christ of Portugal, Knight of the Orders of Charles the Third of Spain, and of St. Gregory the Great.

During 1892, Dr. Simon was the President of the French Homœopathic Society. In 1861 he was elected an Honorary Member of the British Homœopathic Society.

In concluding his account of his deceased colleague at a meeting of the Société Française d'Homœopathie, Dr. Chancerel, the President, spoke of him as one of the strongest champions of homœopathy. The loss of one so vigorous, so able, and so estimable in every relation of life as was the late Dr. Simon, is indeed a great one, and we sympathise most deeply with our brethren in Paris on its occurrence, as we do, very especially, with his son Dr. Vincent Léon Simon, who has for many years walked earnestly, as we are sure that he will do in the years that are to come, in the footsteps of his distinguished father.

CORRESPONDENCE.

AN AID TO THE DISCOVERY OF THE SIMILLIMUM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In his article on the above subject, which appears in the November number of the *Review*, Dr. Dudgeon compares the *simillimum* to a rather elusive bird on whose tail it is difficult to put salt, but in the introduction to the *Materia Medica Physiological and Applied*, to which his own name is appended, it is spoken of as the truly homœopathic specific.

In his *Pharmacodynamics*, seventh edition, p. 89, Dr. Richard Hughes says: "The individualisation of each case by the totality of its symptoms is the only certain method of arriving at the true *simillimum* for it amongst medicines." And again at p. 88: "Every appearance the patient presents, every sensation he experiences, every circumstance of amelio-

ration or aggravation of his sufferings must have some pathological basis and must be taken into account in the choice of a remedy;" and "just in proportion as a drug has been found capable of causing all these concomitants and characteristics will it be the rapid and certain cure for the case in which they occur."

My paper was conceived entirely along these lines. It was not so much the "search for the *simillimum*," it was an *aid* to its discovery; a particular method was advocated which was eminently a process of individualisation, and which seemed to me to have the merit of presenting to the gaze of anyone the working out of each case. Moreover it could be used in connection with any *Repertory* or *Index* to the *Materia Medica*.

Doubtless it is very mechanical, and as such may be revolting to the scientific mind, but I do not know how this element is to be eliminated from practice conducted as ours is. Again it occupies time, but surely two hours devoted to the taking of a case and its subsequent working out cannot be looked upon as mis-spent when perhaps the life of a patient depends upon our selection of the true remedy.

Dr. Dudgeon thinks that I have exacted a more perfect similarity between drug and disease symptoms in his case than in my own, but this is more apparent than real, and results rather from putting the thing into words, because each was worked out in precisely the same manner, and several of my own were more difficult than his.

Each case was written out on the slips which I carry with me or have beside me on my desk. The method of case-taking advocated by Hahnemann was implicitly followed, and each was worked out in the manner already referred to by means of Lippe's *Repertory*, with reference to the *Materia Medica*, to Hughes's *Pharmacodynamics*, or any other authority for verification when in doubt.

One wonders whether at the time the introduction to the *Materia Medica Physiological and Applied* was written, Dr. Dudgeon's opinions had undergone some radical change, because, while *forty years ago* we read that "a good deal of the vaunted mathematical certainty of homœopathy is but guess-work, and as such is apt to be very unsuccessful," and *now* that "as between the two medicines *mercurius* was the simillimum and yet it was useless," while *silica* with its "vague hint" proved to be the true remedy, we are told in 1884 that "with respect to the sufficiency of the proof of this law, we, in common with many thousands of medical men in this and the past generation, have examined Hahnemann's data and repeated his experience countless times with the result of complete conviction of the truth of the existence of

a homœopathic law of specific cure. Furthermore, we have never heard of any competent and unprejudiced observer who has seriously examined the question coming to a different conclusion."

There is nothing here about the "vaunted mathematical certainty of homœopathy," and the *usus in morbis* is not spoken of as "what we must look to, to enable us to prescribe with certainty in almost every case." No, the tone is different, and we are assured that "if there be still medicines, the knowledge of whose virtues is wholly empirical, derived from experience in disease alone, and not capable of being brought into connection with any known physiological action of theirs, this shows only the imperfection of our knowledge of the latter or ignorance of the law or laws of specific cures."

I wonder whether Dr. Dudgeon means us to take him seriously when he says, or in substance says, that the less similar medicine will sometimes cure when the *simillimum* will not? "As between the two medicines *mercurius* was the *simillimum* and yet it was useless." If so it is time for us to examine our foundations afresh, for I fear we scarcely know where we are; and if, by any chance, we have reached in the down-grade movement a point such as this, how is any propaganda such as is advocated in the leading article of this month's *Review* to be conducted?

Either the *simillimum* is the true remedy—that which in every case of curable disease will be found all-sufficient—or it isn't, and, if *it* isn't, what is?

I am glad that I have not so learned my lesson! I am glad that the totality of the symptoms is still to me the counterpart of the drug that will cure, and I rejoice to think that I am able to look upon the law as higher than the imperfect beings who are daily striving, each in his own way, to put it into practice.

It is quite true, as Dr. Dudgeon says, that I got my symptoms of *mercurius* from Allen, and under the heading corresponding to that name, and also that I did not go to the *Materia Medica Pura*, not doubting that this was the preparation of *mercury* he had prescribed.

It is also true that I had forgotten at the time that Hahnemann's *mercurius* is to be found there with the title *mercurius solubilis*, but I am not sure that I know yet what preparation of *mercury* Dr. Dudgeon *did* prescribe in this case.

"Under the common name of *mercurius*," Dr. Richard Hughes says he includes "all those salts and compounds of *mercury* which produce pure *mercurial* effects."

Moreover of *mercurius solubilis* he says: "Therapeutically it is effective enough; but from the chemical side the pharmacopœia seems justified in recommending its displacement by

mercurius vivus according (as it says truly) to Hahnemann's own later practice."

In a footnote Dr. Hughes says: "I must express some doubt as to the validity of the contributions to this pathogenesis of Hahnemann's son Friedrich (the pathogenis referred to being that of the black oxide to which the *mercurius solubilis* corresponds). They are twice as numerous as those of his seven fellow-provers put together, and many of them are of such severity that though not impossible effects of *mercurial poisoning* they are extremely unlikely to have been developed in provings as they purport to have been. I strongly suspect that the list has been filled in from his imagination."

I take it for granted that the letters "Fr. H——n," with the number 4 before them, refer to the imaginative individual of whom Dr. Hughes writes. If so, let us see how many of the eye-symptoms tabulated are credited to him.

"Many red vessels become visible in the white of the eye.[4]

"Inflammation of both eyes with burning, biting pain, worse in the open air.[4]

"Heat in the eyes and lachrymation.[4]

"Burning in the eyes.[4]

"Burning and biting in the eyes as from horseradish.[4]

"Very profuse lachrymation of the right eye.[4]

From Hahnemann himself we have:—

"Eyes agglutinated in the morning.[4]

"Burning in the eyes as after reading very much at night; one eye was red;" and the symptom which Dr. Dudgeon thought Allen had omitted, viz., "an inflamed swelling in the region of the lachrymal bone."

If I tabulate the case along with the two remedies in question it will perhaps enable us to arrive at a more satisfactory conclusion.

Dr. Dudgeon's Case.

"Burning pains one p.m. in right eye, with flow of tears which feel scalding. These symptoms last for several hours. The conjunctiva of the right eye is injected and there is pain on pressure in the right lachrymal sac which feels somewhat though slightly swelled. In the morning there is some mucous secretion in the eye."

Mercurius. M.M.P.	Silica. Chronic Diseases.
"Burning in the eyes as after having read a good deal.	"Pain in the eyes in the morning, as if dry and full of sand.
One of the eyes is red.	Tearing and burning in the eyes when closing them and pressing upon the lids.
Burning in the eyes.	
Burning and smarting in the eyes.	

Inflammation of both eyes, with burning, smarting pain.

Heat in the eyes, with lachrymation.

Lachrymation of both eyes in the morning.

Profuse lachrymation of the right eye.

The eye fills with tears.

Agglutination of the eyelids early in the morning.

Inflammatory swelling in the region of the lachrymal bones."

Smarting in the canthi in the morning.

Smarting or heat in the eyes.

Redness of the whites with aching pain.

Redness first around the eyes, afterwards of the white, with inflammation of the eyes and lachrymation.

A good deal of gum in the inner canthi.

Swelling in the region of the right lachrymal gland and lachrymal sac."

If I now tabulate the pathogenetic effects of the two medicines as they appear in Allen, the result is as follows:—

MERCURIUS SOLUBILIS.

"*Eyes* hot, *a kind of dry heat.*

Heat, redness and pressure in both eyes.

Heat in the eyes and lachrymation.

Burning in the eyes.

Burning and biting in the eyes.

Eyes agglutinated in the morning.

The eye was full of tears.

Watering of the eye and lachrymation.

Very profuse lachrymation of the right eye.

An inflamed swelling in the region of the lachrymal bone.

Aggravation.

Extreme restlessness at night, beginning at 8 p.m. and lasting till morning.

As soon as he went to bed in the evening the pains recommenced and banished sleep.

Paroxysms of fever, especially at night.

SILICA.

Redness, at first around the eyes, then also of the white of the eyes, with inflammation and lachrymation.

Redness of the whites of the eyes.

The eyes are painful, as if too dry and full of sand in the morning.

Heat in the eyes.

Smarting in the eyes.

Both eyes are agglutinated with mucus in the morning.

Agglutination of the eyes in the morning.

Burning and biting in the right lower lid in the morning.

SWELLING IN THE REGION OF THE RIGHT LACHRYMAL GLAND AND LACHRYMAL SAC.

Aggravation.

From 10 a.m. to 8 p.m. fever.

The fever and ague produced by *silica* is characterised by little sweat, generally sets in from 10 in the morning until 8 in the evening and from midnight until early in the morning."

In the introduction to Allen's *Encyclopædia* we have a note by Dr. Hughes in which he says "Symptoms of the most questionable kind condemned by his own canons, and such as no one now would admit into a pathogenesis or use in practice, find frequent place in the *Materia Medica Pura* and *Chronic Diseases*." Yet the authorities I am somehow blamed for consulting are the very men who tell me how untrustworthy are the sources to which Dr. Dudgeon would refer me for information that may be relied upon, and although the statement regarding the lachrymal bone is not omitted from Allen it appears in the mean garb of ordinary type as if to assure us that no one had been able to lift it out of its humble position by the very process to which Dr. Dudgeon attaches so much importance, viz., experience in disease; whereas the statement regarding the lachrymal sac, and not only *the* lachrymal sac but the *right* lachrymal sac, has been advanced to the proud and honourable position of full-faced type, "the latter class," Allen says, "being the most important."

How much Dr. Dudgeon's own case has had to do with this change I am unable to say, but he is not alone, for Dr. Hughes had an exactly similar case, and I believe Drs. Allen and Norton have also given corroborative evidence.

Of course I know that now after the lapse of so many years, and the publication of these cases, it is much more easy to adapt the remedy to a case of right dachryocystitis than it was at the time when Dr. Dudgeon had his case to treat, but all the same the healing virtue was in *silica* then as now, and no amount of after evidence can do anything beyond confirming the fact.

It appears to me to be taking a good deal for granted to say that "the inflammatory swelling in the region of the lachrymal bone must refer to the lachrymal sac, as this is the only organ occupying the groove of the lachrymal bone."

I fear we shall require a definition of the "region of the lachrymal bone" before we can come to any satisfactory understanding in regard to the matter.

If it were the lachrymal sac that was meant why wasn't it so stated? It was surely as easy to say so in connection with *mercurius* as it was in connection with *silicia*. Hahnemann was not the man to say "region of the lachrymal bone," if he meant the lachrymal sac, and the statement regarding both comes from him.

I have already stated that in my *Materia Medica Pura* the words are "inflammatory swelling in the region of the lachrymal bones," and I know that if at the time I was up for my second professional examination I had been asked by

Professor Turner to give a description of the region of the lachrymal bone, and had contented myself with an account of the lachrymal sac, I should have run a considerable risk of being requested to visit him again in six months.

I think it is the words "inflammatory swelling" that cause Dr. Dudgeon to suppose that it is the lachrymal sac that is meant, but is there nothing in that region that can be involved in an inflammatory swelling except the lachrymal sac. My impression is that Hahnemann used these words simply because there was no special or particular involvement of the lachrymal sac in the inflammation which mercury had set up—that in fact it was a general periosteal inflammation affecting the structures in that region, and if the word bones is the correct reading it seems to bear this out. At any rate we know that mercury causes "bloatedness about the root of the nose" and "tension across the nose" and "inflammation of the nose," and being aware of the general destruction processes it is capable of setting up in this region, it is more than likely there would be an inflammatory swelling in the region of the lachrymal bones.

If the lachrymal sac *was* involved, I believe it was simply involved in the general inflammatory process that was going on all round about it, but in Dr. Dudgeon's case there is not a tittle of evidence to show that the lachrymal, or any other bone, was involved in the dachryocystitis from which his patient suffered.

A good deal is made of the fact that the swelling here spoken of was inflammatory, "which that of *silica* was not stated to be." And then there comes the following sentence: "Now, it is evident that Dr. Black does not get his symptoms of *mercurius* from Hahnemann's *Materia Medica Pura*, which says nothing about "chronic conjunctivitis," but which presents an array of pathogenetic effects from symptom 119 to symptom 146." But, surely, if one is a stickler for pathogenetic effects, instead of using a couple of words descriptive of a condition which everyone understands, there need be no abuse heaped on the head of *silica*, because instead of telling us that a thing is inflammatory it says there is *swelling, redness, heat* and *pain.*

The swelling of the lachrymal caruncle which Dr. Dudgeon asks about is to be found in Lippe's *Repertory*, p. 46, and in connection with this symptom the following remedies appear, *bell.*, *brom.* and *sil.* The swelling of the right lachrymal sac is to be found at p. 706 of Allen's *Symptom Register*, and in connection therewith will be found *sil.*

Amongst the "Generalities" in Lippe's *Repertory*, p. 288, is "Aggravation in the afternoon," and under this head the word *sil.* may be read.

In regard to my reference to *atropine*, I must plead Dr. Johnson's excuse when asked why he pronounced a word in a different way to that given in his dictionary, when he replied "Ignorance, sir, pure ignorance."

I should like to say one word more in connection with this case, and then with a great sense of relief I shall bid it adieu.

Before the 30th, when *silicia* 6 was prescribed, there are three entries. In the first that, namely, of the 27th, we are told that "the sac is tender and more swelled." This appears as the most important item of that day's report, but "in consideration of the periodicity of the symptoms, *ars.* 8 wa prescribed."

The statement of the 28th is of a general character, u. that of the 29th is definite. It says "The swelling of the lachrymal sac is decidedly greater, and forms a little lump at the corner of the eye. It is exquisitely painful to the touch, is the seat of throbbing pains, and the skin over it is red. The tears that run over the cheek are very hot," and for this state of things *acon.* 3 was prescribed, every six hours. Now, all this while, in the *Chronic Diseases*, under the head of *silica*, this sentence was to be found "swelling in the region of the right lachrymal sac," calmly awaiting its appropriation in disease, and in conjunction with it *redness*, *heat* and *pain*.

I do not know after what I have said whether many will endorse Dr. Dudgeon's statement that "the simillimum (in this case *mercurius*) is not always successful, and that the true remedy (in this case *silica*) may offer in its pathogenesy only a minor degree of correspondence with the disease," at any rate I only wish that the "vague hints" in our materia medica, and the "minor degrees of correspondence with disease" which *silica* presented to this case of dachryocystitis were more general. What a world of labour and repertorial drudgery one would be saved, and I can assure Dr. Dudgeon of this, that general therapeutic principles would not weigh too much with me when I had before me such a photograph of a patient's condition as is exemplified by *silica* in connection with this disease.

Of all things it seems to me desirable that we should guard very jealously the honour of that law which is the guiding principle of our practice and the very reason of our existence; and if anything is brought forward by me, either in opposition to that law which another can show, or thinks he can show to be in harmony with it, or in illustration of that law which one of us thinks is nothing of the kind, then it is his duty to declare it.

The blaze of the most searching light of honest criticism

should be welcomed by us, that what is false in our work or methods may appear so, and not be handed down from one generation to another as if it were truth.

To sift the wheat from the chaff is a duty incumbent upon all of us, and it is the business of every true worker to assist in the winnowing process.

I would now pass on to a consideration of my own cases.

The first, as Dr. Dudgeon rightly says, was one of convulsions connected with dentition, but the following sentence scarcely conveys a correct idea of what I said—"As she was not better next day, though there is no mention of the recurrence of fits, *chamomilla* 30 was given, *and four days later she was well.*" I have italicised what I think conveys an erroneous impression of what actually took place.

The child had the first fit about 6 in the evening of the day previous to that on which I saw her. She had another at 9.30, which was more severe. During the following day, up to the time of my seeing her, she had three more. When I saw her about 5 p.m.. her T. was 103, P. 140, R. 40. *Bell.* 3 was prescribed every two hours. I visited the child next day at noon. There had been no recurrence of the fits, but her condition appeared to me with that exception more serious. Her T. was 103.4, P. 160, R. 44; her back was arched and her head greatly retracted. Between 8 and 9 o'clock word was sent me that her parents considered her worse, and from the description I got it looked to me as if another fit were impending. By this time, however, I had worked her case out, and the indicated remedy was *chamomilla.* I must confess that I gave it expecting little, especially when I regarded my case from the pathological standpoint, but having worked it out as carefully as I could, and bearing in mind many instances in which, to my thinking, most unlikely remedies were indicated and cures had followed their administration when the totality of the symptoms had constituted the basis of the prescription, I gave *cham.* 30.

Now it seems to me that *bell.* had a fair chance from 5 o'clock p.m. of one day to 9 p.m. of the next to have achieved more than it did had it been the true simillimum to my case. So I gave *cham.* The child would probably get the first dose of this medicine about 10 p.m. By next morning she was convalescent, and four days after, when my visits ceased, she remained well.

In regard to my next Dr. Dudgeon says it was an ordinary *aconite* case, and that "the remedy seemed to have been chosen on account of its antifebrile character." As I do not care for the practice of labelling one's cases according to the

drugs in the *Pharmacopœia*, I prefer to call this a case of broncho-pneumonia; and although I believe, after committing the case to writing, I did prescribe *acon.* before leaving the house, I, nevertheless, worked the case out on my return home and satisfied myself that the remedy corresponded to the totality of the symptoms.

I don't know whether the change in the child's diet in my third case had more to do with its recovery than the dose of *nux v.* 200 that was given at the time with the subsequent *calc. c.* 8, but after working the case out I gave the medicines that seemed to me to correspond most closely with my patient's condition, and my impression is that they had much more to do with the infant's recovery than Dr. Dudgeon is ready to admit.

If my memory serves me rightly I think Dr. Dudgeon is not much of a believer in two hundredth dilutions, and I myself agree with him thus far, that it is foolish to employ them if ϕ 8x. 8rds and 6ths will answer as well. At the same time I am convinced of two things.

1st. That in some instances they are infinitely more powerful in the effects which they produce; and

2nd. That a greater permanently curative effect will follow the administration of a single dose than by weeks of treatment with the so-called lower dilutions.

The explanation I have given to myself of this apparent anomaly is that, owing to their greater attenuation, they are capable of exercising a more deeply penetrative power, and reach disease in its ultimate ramifications, in the very citadel of its strength, amongst those finely balanced forces which in their harmony constitute health and which in their discord constitute disease.

When, after years of practice, in which a substantial quantity of a drug was recognised as necessary to produce some definite therapeutic effect, during which diseases were called by pathological names, and as such were treated, I came to study the new system of cure, with its *similia similibus* and infinitesimal dose, I confess that I scarcely knew whether I was standing on my head or my heels.

And yet, when I came to enquire again, and especially to interrogate nature, I saw that everything—all her varying processes—were conducted on the infinitesimal scale; and when one considers how subtle that influence must be which enables a hound to follow for miles in the track of a fox or a hare, or for a female butterfly placed in a cage to attract several males of the same species within the space of a couple of hours from the heather-clad slopes of a mountain two miles away, when one considers these things, it is not difficult to

imagine that a two-hundredth dilution should prove an agent of cure.

Indeed, I have seen such astonishing results from these high dilutions, that in regard to some of them I would sooner give a teaspoonful of the thing itself than five drops of its two-hundredth dilution.

For, I dare say, something like twelve years, I have been in the habit of brushing the throat of my diphtheritic patients with *flowers of sulphur* once or twice a day till every trace of membrane had disappeared, a *usus in morbis* that I am loth to give up, and I think I can confidently say that I never saw any untoward result accrue from the practice, but I cannot say the same of this medicine in its two-hundredth dilution.

One case I well recollect, and may some day publish, of a gentleman who used to pooh-pooh homœopathic remedies and smile at their innocence, but who, after receiving a dose of *sulphur* in the two-hundredth dilution, and experiencing in his own person the limited earthquake which ensued, scoffed no more.

And what I say of *sulphur* is also true in my experience, though to a much more limited extent, of *lyc.*, *sepia*, *hydrastis* and some others.

That a single dose of *nux* v. 200 will avail much I have ample knowledge, and had further proof the other week.

The child of a lady which had suffered in the early weeks of its life from "eclampsia neonatorum," during whose continuance the little creature could not have had less than 500 fits, was suffering for six or eight weeks from vomiting of food —not a day passing without this being done, and frequently associated with the bringing up of blood. One dose of *nux* v. 200 was given on *sac. lac.*, and unmedicated pilules to be taken daily. For five successive days there was no vomiting, and then it returned, and the mother said to me "the little pills don't seem to answer so well as the powder you gave." So a second dose of *nux v.* 200 was given, and when I last saw the mother, which I did on the 4th of this month (November), she told me the child was ever so much better. In this case the diet remained the same.

Although in my fourth case "there were no symptoms that could not be paralleled by 50 other medicines as well as by *sulphur* and *belladonna*, it was worked out in the same manner as the others, and after a process of exclusion these remedies were administered.

The same remark applies to the last.

I do not know what method in practice Dr. Dudgeon has pursued, whether or not he has been in the habit of following Hahnemann's directions in regard to the taking of a case, but

I feel confident of this, that, to anyone who devotes as much pains as I do, speaking generally, to obtain a correct picture of the disease—by carefully writing down all that can be learned in every possible way regarding it, both from observation, from information supplied by patients and friends, and from examination—and who afterwards works it out, as I am frequently in the habit of doing, until from amongst many remedies one stands out conspicuously as that which embraces the totality of the patient's symptoms—to anyone, I say, who does this the *simillimum* means something more than "the drug that cured or was supposed to have cured."

I do not mean to say, nor would I have anyone understand, that I work out each individual case or anything like it. One's knowledge of the Materia Medica often enables one to adapt the remedy to the disease without the drudgery of so laborious a process, but nearly all my cases are written out and pigeon-holed and frequently worked out as well by the method I am advocating, and I think I can honestly say that the more closely I have adhered to this practice the better have my results been—that when I have disregarded it and gone in for the *usus in morbis* method of prescribing or that from the merely pathological standpoint the more blundering and unsatisfactory have my efforts been.

I well recollect at this moment a case of perityphlitis, in which from our literature and the name of the disease I prescribed various remedies, and amongst others *mercurius*, which my reading impressed strongly upon my mind to be *the* medicine likely to prove most serviceable in this affection; but when, after ten or eleven days had elapsed, I, putting aside all preconceived ideas, worked the case out, as if there had never been a case of perityphlitis in the world before, *Bryonia* appeared to me the indicated remedy, and when the same afternoon, with a T. standing at 103, *Bry.* 30 was given, and Dr. Alexander was at the same time telephoned for, it was on his arrival next morning to congratulate each other on the child's convalescence.

No one is more keenly alive to his imperfections and his ignorance than I am, and none more anxious to remedy both from whatever quarter help may come, but the faults imputed to me are not those belonging to my nature, and consequently, I am compelled to disown them.

And now let me say, in conclusion, that I am heartily glad to have come to the end of so contentious an epistle, and I hope it will be a long time ere I find myself similarly engaged.

GEO. BLACK, M.B.

Torquay, November 17th, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

BOOKS RECEIVED.

The Practice of Medicine. By W. C. Goodno, M.D. With Sections on Diseases of the Nervous System, by Clarence Bartlett, M.D. Philadelphia: Hahnemann Press. 1894.—*Text-Book of Hygiene.* By George H. Rohé, M.D. Philadelphia: The F. A. Davis Company. London: F. J. Rebman. 1894.—*Practical Uranalysis and Urinary Diagnosis.* By C. W. Purdy, M.D. Philadelphia: The F. A. Davis Company. London: F. J. Rebman. 1894.—*Syllabus of Lectures on Embryology.* By W. P. Manton, M.D. Philadelphia: The F. A. Davis Company.—*The Vaccination Question.* By Arthur Wollaston Hutton. Methuen and Co., 36, Essex Street, W.C., London. 1894.—*The Manifold Uses of Salt.* The Salt Union, Limited, 16, Eastcheap, E.C.—*Jubilee Address at the American Institute of Homœopathy.* By the President, J. H. McClelland. Published by the Institute. 1894.—*The Homœopathic World.* November. London.—*Medical Reprints.* November. London.—*The Chemist and Druggist.* November. London.—*The Monthly Magazine of Pharmacy.* November. London.—*The North American Journal of Homœopathy.* November. New York.—*The New York Medical Times.* November.—*The Medical Record.* November 3rd and 10th. New York.—*The Medical Times.* November. New York.—*The Chironian.* November. New York.—*The New England Medical Gazette.* November. Boston.—*The Medical Century.*—October 15th, November 1st. Chicago.—*The Medical Advance.* November 15th. Chicago.—*The Journal of Orificial Surgery.* October. Chicago.—*The Minneapolis Homœopathic Magazine.* November.—*The Hahnemannian Monthly.* November. Philadelphia.—*The Homœopathic Recorder.* October. Philadelphia.—*The Homœopathic Physician.* October. Philadelphia.—*The Medical Argus.* October-November. Minneapolis.—*The Homœopathic Envoy.* November. Lancaster.—*Homœopathisch Maandblad.* November. The Hague.—*Bulletin Général de Thérapeutique.* November. Paris.—*Revue Homœopathique Belge.* October - November. Brussels.—*Rivista Omiopatica.* September - October. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

3 gal
105 +